

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 02

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

PHA Plan Agency Identification

PHAName: Housing Authority of the City of Grapevine

PHANumber: TX291

PHAFiscalYearBeginning:(mm/yyyy) 01/2002

PHA Plan Contact Information:

Name: Debra L. Wells

Phone: 817 -488-8132

TDD: 817 -421-6404

Email (if available): dwells@ci.grapevine.tx.us

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
FiscalYear2002
 [24CFRPart903.7]

i. Table of Contents

Provide a table of content 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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<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24CFRPart903.79(r)]

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

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

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

No major changes were made to the policies.

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? \$156,385

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 -Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/>

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

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR 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.SafetyandCrimePrevention :PHDEPPlan

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEPfundsmustprovideaPHDEPPlan meetingspecifiedrequirementspriortoreceiptofPHDEPfund.

A. Yes No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredbythisPHA Plan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantfortheupcomingyear? \$ _____

C. Yes No DoesthePHAplantoparticipateinthePHDEPintheupcomingyear?Ifyes,answer questionD.Ifno,skiptonextcomponent.

D. Yes No: ThePHDEPPlanisattachedatAttachment_____

6.OtherInformation

[24CFRPart903.79(r)]

A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

1. Yes No: DidthePHAreceiveanycommentsonthePHAPlanfromtheResidentAdvisoryBoard/s? Aspecial meetingwasheldtogooverchanges.TheResidentshadnocomments regardingtheplanorpolicies.

2. Ifyes,thecommentsareAttachedatAttachment(Filename)

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

ThePHAchangedportionsofthePHAPlaninresponsetocomments Alistofthesechangesisincluded

Yes No: belowor

Yes No: attheendoftheRABCommentsinAttachment_____.

Consideredcomments,butdeterminedthatnochangestothePHAPlanwerenecessary.An explanationofthePHA'sconsiderationisincludedattheendoftheRABCommentsin Attachment_____.

Other:(listbelow)Residentshadnocommentsconcerningtheplan.

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: (Tarrant County)

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

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

The Consolidated Plan supports the PHA in striving to encourage more landlords to participate in the Section 8 program to provide affordable rental property. The Consolidated Plan also supports the PHA in its determination not to participate in the Home Ownership Program due to the housing market in Grapevine. Low to moderate income families cannot afford the mortgages in Grapevine.

The PHA is dedicated in maintaining its high performance standards for its Public Housing. Capital funds will be used to assure that deficiencies in the housing units do not become unmanageable.

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: There have been no deviation from the 5-year Plan.

A. Significant Amendment or Modification to the Annual Plan: There have been no significant Amendments or modifications from the Annual Plan. 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
X	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
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
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <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
	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, PIH99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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 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
X	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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 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	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

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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE	Grant Type and Number Capital Fund Program: TX21P9150102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 01/2002
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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	14,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit	3,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			
10	1460 Dwelling Structures	113,500			
11	1465.1 Dwelling Equipment — Nonexpendable	12,103			
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	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	148,103			
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				

Annual Statement/Performance and Evaluation Report (Attachment B)				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (C FP/CFPRHF) Part 1: Summary				
PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE		Grant Type and Number Capital Fund Program: TX21P9150102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 01/2002
<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
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE		Grant Type and Number Capital Fund Program#: TX21P29150102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 01/2002			
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	
TX291ALL	OPERATIONS	1406		14,000				
TX291ALL	AUDIT	1411		3,500				
TX291-001	HANDICAP ACCESS	1450		5,000				
TX291-001	PAINTING EXTERIOR & INTERIOR/REPLACE WOOD/CAULK DOORS/REPLACE WINDOWS	1460		56,750				
TX291-002	PAINTING EXTERIOR & INTERIOR/REPLACE WOOD/CAULK DOORS/REPLACE WINDOWS	1460		56,750				
TX291-001	AIR CONDITIONERS	1465.1		6051.50				
TX291-002	AIR CONDITIONERS	1465.1		6051.50				

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE	Grant Type and Number Capital Fund Program: TX21P9150101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 01/2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 01)
 Performance and Evaluation Report for Period Ending: 06/30/01
 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	10,300	10,300.00		
3	1408 Management Improvements				
4	1410 Administration	20,000	10,096.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000	30,000.00		
10	1460 Dwelling Structures	81,085	90,989.00		
11	1465.1 Dwelling Equipment — Nonexpendable	15,000	15,000.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipme nt				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	156,385	156,385.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report (Attachment B)				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE		Grant Type and Number Capital Fund Program: TX21P9150101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 01/2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/01		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE		Grant Type and Number Capital Fund Program#: TX21P29150101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 01/2001		
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	
TX291ALL	OPERATIONS	1406		10,300	10,300			INCMPLT
TX291ALL	ADMINISTRATION	1410		20,000	10,096			INCMPLT
TX291-001	HANDICAP ACCESS	1450		30,000	30,000			INCMPLT
TX291-001	PAINTING EXTERIOR & INTERIOR/REPLACE WOOD/CAULK DOORS/REPLACE WINDOWS	1460		40,542.50	45,494.50			INCMPLT
TX291-002	PAINTING EXTERIOR & INTERIOR/REPLACE WOOD/CAULK DOORS/REPLACE W INDOWS	1460		40,542.50	45,542.50			INCMPLT
TX291-001	AIR CONDITIONERS	1465.1		7,500	7,500			INCMPLT
TX291-002	AIR CONDITIONERS	1465.1		7,500	7,500			INCMPLT

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

PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE	Grant Type and Number Capital Fund Program: TX21P9150100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 01/2000
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFPFunds				
2	1406 Operations	10,318		10,318.00	10,318.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000		10,542.00	10,540.00
10	1460 Dwelling Structures	93,000		55,882.73	34,132.73
11	1465.1 Dwelling Equipment — Nonexpendable	15,000		12,817.00	12,817.00
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	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	153,318		89,559.73	67,809.73
21	Amount of line 20 Related to LBP Activities				

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE	Grant Type and Number Capital Fund Program: TX21P9150100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 01/2000
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	20,000			
24	Amount of line 20 Related to Energy Conservation Measures	40,000			

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

PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE		Grant Type and Number Capital Fund Program#: TX21P29150100 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 01/2000			
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	
TX291 ALL	OPERATIONS	1406		10,318		10,318	10,318	COMPLETE
	SITE IMPROVEMENTS							
TX291-001	FENCE	1450		20,000		20,000	10,542	INCMPLT
TX291-002	HANDICAP ACCESS	1450				15,000		INCMPLT
TX291-001	PAINTING EXTERIOR & INTERIOR/REPLACE WOOD/CAULK DOORS/REPLACE WINDOWS	1460		56,750		27,941.36	17,066.36	INCMPLT
TX291-002	PAINTING EXTERIOR & INTERIOR/REPLACE WOOD/CAULK DOORS/REPLACE WINDOWS	1460		56,750		27,941.37	17,066.37	INCMPLT
TX291-001	AIR CONDITIONERS	1465.1		7,500		6408.50	6408.50	INCMPLT
TX291-002	AIR CONDITIONERS	1465.1		7,500		6408.50	6408.50	INCMPLT

Annual Statement/Performance and Evaluation Report (Attachment B) Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE			Grant Type and Number Capital Fund Program#: TX21P29150100 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 01/2000		
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	

Annual Statement/Performance and Evaluation Report (Attachment B) Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE, TEXAS			Grant Type and Number Capital Fund Program#: TX21P9150100 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 01/2000	
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	
TX291-ALL	09/2001			09/2002			
TX291-001	09/2001			09/2002			
TX291-002	09/2001			09/2002			

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

PHAName: HOUSING AUTHORITY OF THE CITY OF GRAPEVINE, TEXAS		Grant Type and Number Capital Fund Program#: TX21P9150100 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 01/2000	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Required Attachment __ C__: Capital Funding Program 5 -Year Action Plan

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.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input checked="" type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
TX291-ALL	PHAWIDE	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
OPERATIONS,ADMINISTRATION@AUDIT FY-200325,060 FY-200425, 300 FY-200530,000 FY-200615,000	89,800	01/2002
Totalestimatedcostovernext5years		

CFP5 -YearActionPlan	
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement	
Development Number	DevelopmentName (orindicatePHAwide)
TX291-001	GrapevineHousingAuthority001

Description of Needed Physical Improvements or Management Improvements	Estimated Cost
PAINTING/WOODREPLACE EXTERIOR FY-2003 30,120	30,120
HVAC FY-2003 7,500 FY-2004 7,500 FY-2005 7,500 FY-2006 70,650	93,150
ADA-RAMPS & HANDRAILS FY-2003 7,500 FY-2004 5,000 FY-2005 5,000	25,000
SPRINKLER SYSTEM/PRIVACY FENCE FY-2003 15,000 FY-2004 20,000 FY-2005 20,000	55,000
MISC. CONSTRUCTION FY-2005 15,150	15,150
REPLACEMENT OF CABINETS FY-2003 7,500 FY-2004 12,500 FY-2005 17,500	42,500
Total estimated cost over next 5 years	260,920
CFP5 - Year Action Plan	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)
TX291-002	Grapevine Housing Authority 002

Description of Needed Physical Improvements or Management Improvements	Estimated Cost
PAINTING/WOODREPLACE EXTERIOR	
FY-2003 30,120	30,120
HVAC	
FY-2003 7,500	
FY-2004 7,500	
FY-2005 7,500	
FY-2006 70,650	93,150
ADA-RAMPS & HANDRAILS	
FY-2003 7,500	
FY-2004 5,000	
FY-2005 5,000	25,000
SPRINKLER SYSTEM/PRIVACY FENCE	
FY-2003 15,000	
FY-2004 20,000	
FY-2005 20,000	55,000
MISC. CONSTRUCTION	
FY-2005 15,150	15,150
REPLACEMENT OF CABINETS	
FY-2003 7,500	
FY-2004 12,500	
FY-2005 17,500	42,500
Total estimated cost over next 5 years	260,920

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:
Doris Waite, Resident Commissioner

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

C. The term of appointment is (include the date term expires): 2001/2003

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

- thePHAhaslessthan300publichousingunits,hasprovidedreasonablenoticetotheresidentadvisoryboardofthe opportunitytoserveonthegoverningboard,andhasnotbeennotifiedbyanyresidentoftheirinteresttoparticipateinthe Board.
- Other(explain):

B. Dateofnexttermexpirationofagoverningboardmember:2002

C. Nameandtitleofappointingofficial(s)forgoverningboard(indicateappointingofficialforthenextposition):MayorTateandtheGrapevine CityCouncil

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.)

William Rameriz, Chair
Willard Lloyd, Vice Chair
Twila Soukup, Secretary, Block Captain
Mary Casewell, Treasurer
Viola Parker, Block Captain
Doris Waite, Block Captain

All Housing Residents and Section 8 Tenants are invited to each meeting.
Officers were reselected by nomination and elected by members present at the meeting.

ATTACHMENT F__ : Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments? The family portion of both developments

TX2910019 Units

TX29100210 Units

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)?

TX29100139 Elderly/Disabled

TX29100240 Elderly/Disabled

c. How many Assessments were conducted for the PHA's covered developments? 1

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

Development Name	Number of Units
TX291001	0
TX291002	0

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