

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **2003**

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

PHA Plan Agency Identification

PHA Name: Claremont Housing Authority

PHA Number: NH012

PHA Fiscal Year Beginning: (10/2003)

PHA Plan Contact Information:

Name: Andrew L. Fennelly

Phone:(603) 542-6411

TDD

Email (if available): director@claremontha.org

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 2003

[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.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	3
ii. Annual Plan Information	3
iii. Table of Contents	2
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	3
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	5
6. Other Information:	
A. Resident Advisory Board Consultation Process	31
B. Statement of Consistency with Consolidated Plan	6
C. Criteria for Substantial Deviations and Significant Amendments	6
Attachments	
<input checked="" type="checkbox"/> Attachment page 8 : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment page 12 : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment __: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment __: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment __: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name) Grants closed out in 2003	37 & 38

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The past year has been one of change. A marketing plan was put in place and it has resulted in the occupancy reaching 99% over a 6-month period. We have completed much need redecorating that has help increase census. A new brochure was developed and an ad campaign was initiated. We are looking for a very good 2003 now that much needed improvements have been completed.

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.

We will also start an adult day center in September 2003. This Center will located at the Claremont Senior Center.

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? \$ 117,960

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. 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 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

[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) 6A.2

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: (provide name here)

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)

- Equal Housing Opportunity

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: NA

B. Significant Amendment or Modification to the Annual Plan:

NA

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 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 at each public housing development <input 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 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 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
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 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 (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 PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	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
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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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 1: Summary

PHA Name: Claremont Housing Authority	Grant Type and Number Capital Fund Program: NH 36-P 012- 501- 03 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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	30,000.00			
3	1408 Management Improvements	1,999.00			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	19,200.00			
10	1460 Dwelling Structures	29,825.00			
11	1465.1 Dwelling Equipment—Nonexpendable	29,734.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,202.00			
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)	117,960.00			
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	5,000.00			
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

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 501 03 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003			
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	
NH12-1	Replace roofing & paint front entrance	1460	1	2,940				
NH12-1	Security equipment/digital camera	1465	1	5,000				
NH12-1	Light installation in bedrooms	1460	42	4,250				
NH12-1	All year awning 4 th floor balcony	1465	1	8,900				
NH12-1	Screen in 2 nd floor balcony	1465	1	1,500				
NH12-1	Carpet 2 nd and 3 rd floor common area	1460	1	16,000				
NH12-1	4"X24" glass in stair well doors	1460	12	2,400				
NH12-1	New Software & upgrade	1408	5	1,999				
NH12-1	Refrigerators, Stoves and Hoods	1465	3	2,334				
NH12-1	New furniture for 2 nd & 3 rd floor lobbies	1465	2	12,000				
NH12-1	Paint units and replace cove base	1460	7	4,235				
NH12-1	Lawn Gliders	1475	2	5,152				
NH12-1	Lawn mower	1475	1	450				
NH12-1	Pressure cleaner	1475	1	600				
NH12-1	Tree work & Stump removal	1450	8	2,400				
NH12-1	Lawn irrigation system	1450	1	16,800				
NH12-1	Truck	1475	1	1,000				
NH12-1	Operation	1406	1	30,000				

Annual Statement/Performance and Evaluation Report

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

Part III: Implementation Schedule

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program # NH 36P 012 501 03 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NH12-1	09/30/05			09/3/06				

Annual Statement/Performance and Evaluation Report

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

PHA Name: Claremont Housing Authority	Grant Type and Number Capital Fund Program: NH 36P 012 501 00 Capital Fund Program 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: 1)
 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				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	0	3,577.50	3,577.50	3,577.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	148,323.00	144,745.50	144,745.50	144,745.50
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	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	148,323.00	148,323.00	148,323.00	148,323.00
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
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages**

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 501 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		
NH12-1	Convert 12 apts. to four, 1-BR & 3 eff. (all 1-BR units to be HC)	1460	6	127,672.00	131,307.30	131,307.30	131,307.30	Complete	
NH12-1	Install camera security system	1460	12	15,000.00	0	0	0		
NH12-1	Construct roll-in shower	1460	3	5,651.00	0	0	0		
NH12-1	Fees & Costs	1430		0	3,577.50	3,577.50	3,577.50	Complete	
	Misc. renovations	1460		0	13,438.20	13,438.20	13,438.20	Complete	

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

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 909 00 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NH12-1	09/30/03			09/30/04		09/30/02		

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

PHA Name: Claremont Housing Authority	Grant Type and Number Capital Fund Program: NH 36P 012 501 01 Capital Fund Program 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: 1)
 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	0	3,889.41	3,889.41	3,889.41
3	1408 Management Improvements	22,000.00	19,324.37	19,324.37	19,324.37
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1,900.00	1,746.00	1,746.00	1,746.00
10	1460 Dwelling Structures	122,824.00	122,165.97	122,165.97	122,165.97
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	4,600.00	4,198.25	4,198.25	4,198.25
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)	151,324.00	151,324.00	151,324.00	151,324.00
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

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

Part II: Supporting Pages

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 501 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	
NH 12-1	Install new set of pole lights (8 front and add rear lights on bldg., 2 new)	1460	10	1,900.00				
	Install lever handles to apartment doors	1460	100	15,801.00	0	0	0	
NH 12-1	Purchase a rug shampooer, fl waxer, etc.	1408		2,000.00	0	0	0	
NH 12-1	Convert 12 pat to four, 1-Br & 3 eff.							
NH 12-1	(all 1-BR to be HC)	1430		80,673.00	114,960.97	114,960.97	114,960.97	Completed
NH 12-1	Replace splashboards in 50 apts.	1460	50	6,350.00	0	0	0	
NH 12-1	Construct shower stalls	1460		15,000.00	0	0	0	
NH 12-1	Replace bath tile in 50 units	1469	50	5,000.00	0	0	0	
HA - Wide	Equipment Purchase							
	Purchase truck	1408		20,000.00	0	0	0	
	Replace 20 folding closet doors	1470	20	1,800.00	0	0	0	
	Replace 20 bedroom doors	1470	20	2,800.00	0	0	0	
	New Work Items							
NH 12-1	Fees & Costs	1408		0	11,930.74	11,930.74	11,930.74	Complete
	Management	1408		0	2,498.66	2,498.66	2,498.66	Complete
	Signs etc.	1450		0	1,746.00	1,746.00	1,746.00	Complete
	Painting	1460	10	0	3,750.00	3,750.00	3,750.00	Complete
	New Stoves	1460	14	0	3,455.00	3,455.00	3,455.00	Complete
	Landscaping	1470		0	646.00	646.00	646.00	Complete
	Common Area Kitchen equipment	1470		0	2,695.25	2,695.25	2,695.25	Complete
	Carpeting	1470		0	857.00	857.00	857.00	Complete
	Operations	1406		0	3,889.41	3,889.41	3,889.41	Complete

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

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 501 01 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH12-1	09/30/03			09/30/04		09/30/02	

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

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program: NH 36P 012 501 02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<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: 03/31/03		<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	50,000.00		50,000.00	50,000.00
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	4,769.00			
10	1460 Dwelling Structures	38,400.00			
11	1465.1 Dwelling Equipment—Nonexpendable	50,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,500.00			
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)	147,669.00		50,000.00	50,000.00
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	50,000.00		50,000.00	

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

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 501 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	
NH12-1	Operations	1406		50,000		50,000	50,000	Done
NH12-1	Tree removal	1450		4,769				
NH12-1	Add vestibule rear exit	1460	1	3,000				
NH12-1	Add roof and screens to 4 th floor balcony	1460	1	6,500				
NH12-1	Carpet 1 st floor lobby and corridors	1460	1	6,400				
NH12-1	New Furniture 1 st floor	1460	1	6,500				
NH12-1	Architect/Eng fee for HVAC	1460		16,000				
NH12-1	Replace 3 lawn gliders	1475	3	4,500				
NH12-1	HVAC system	1465	8	50,000				

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

PHA Name: Claremont Housing Authority		Grant Type and Number Capital Fund Program #: NH 36P 012 501 02 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH12-1	09/30/04			09/30/05			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Claremont Housing Authority					<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant:2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007	
NH012-1 Marion L. Phillips	Annual Statement	147,669	147,669	147,669	147,669	
CFP Funds Listed for 5-year planning		147,669	147,669	147,669	147,669	
Replacement Housing Factor Funds						

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2004 PHA FY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NH012-1 Marion L. Phillips Apartments	Engineering/Fire Sprinkler system	20,000	NH012-1 Marion L. Phillips Apartments	Install fire sprinkler system 2 floors	75,000
		Replace 70 ranges	23,709		Replace 25 refrigerators	9,960
		Replace Cove base 70 apartments	15,960		Paint 22 Apartments	21,709
		Remodel community kitchen	15,000		Operations	30,000
		New Truck	30,000		New computer	1,500
		Operations	30,000		Administration	1,500
Annual		New computer	1,500		Fees & Costs	8,000
		Administrations	1,500			
		Fees & Costs	10,000			
Statement						
Total CFP Estimated Cost			\$147,669			\$147,669

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year : <u>4</u> FFY Grant: 2006 PHA FY: 2006			Activities for Year: <u>5</u> FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
NH012-1Marion L. Phillips Apartments	Install fire sprinkler system 2 floors	80,000	NH012-1Marion L. Phillips Apartments	Install corridor Air Conditioning 4 floors	70,000
	New Portico front entrance	29,669		Replace Roof	34,669
	Operations	30,000		Operations	30,000
	Management	1,500		New computer	1,500
	Administrations	1,500		Administrations	1,500
	Fees & Costs	5,000		Fees & Costs	10,000
Total CFP Estimated Cost		\$147,669			\$147,669

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 \$_0_____

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			0			
FY 1996			0			
FY 1997			0			
FY 1998			0			
FY 1999			0			

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	0
9115 - Special Initiative	0
9116 - Gun Buyback TA Match	0
9120 - Security Personnel	0
9130 - Employment of Investigators	0
9140 - Voluntary Tenant Patrol	0
9150 - Physical Improvements	0
9160 - Drug Prevention	0
9170 - Drug Intervention	0
9180 - Drug Treatment	0
9190 - Other Program Costs	0
	0
TOTAL PHDEP FUNDING	0

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	PHDEP 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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

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

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

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

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

Required Attachment ____: 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: **Sylvia Howe**

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): **05/29/01 – 05/29/06**

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):

**Guy Santagate, City Manager
Claremont, NH**

Required Attachment _____: 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.)

The President of the tenants association Mr. Larry Gobin appointed the following members of the Resident Advisory Board.

Larry Gobin	Apartment 414	243 Broad Street, Claremont, NH 03743
Janice Downing	Apartment 426	243 Broad Street, Claremont, NH 03743
Robert Cornish	Apartment 401	243 Broad Street, Claremont, NH 03743
Linda Mentillo	Apartment 218	243 Broad Street, Claremont, NH 03743
Richard Randolph	Apartment 417	243 Broad Street, Claremont, NH 03743

CLAREMONT HOUSING AUTHORITY

243 Broad Street

Claremont, NH 03743-2674

Phone (603) 542-6411

Fax (603) 542-0353

Section 8 (603) 542-6475

e-mail: housing@claremontha.org

July 8, 2003

The Marion L. Phillips Tenants 2003/2004 Capital Fund Advisory Committee met with Andrew L. Fennelly, Executive Director to review and make recommendation on the 2003-2004 Capital Fund. The following members were present and the sign in roster is attached.

Janice Downing Apt. 426

Robert Cornish Apt. 401

Linda Mentillo Apt. 218

Richard Randolph Apt. 417

Larry Gobin was absent.

The meeting started at 11:00 AM and a list of possible projects was reviewed. After a lengthy discussion it was decided to revisit some of the projects to see if they could be spread over 2 years. The meeting recessed until Tuesday, July 15, 2003.

Respectfully submitted:

Janice Downing, Tenant

CLAREMONT HOUSING AUTHORITY

243 Broad Street
Claremont, NH 03743-2674

Phone (603) 542-6411

Fax (603) 542-0353

Section 8 (603) 542-6475

e-mail: housing@claremontha.org

July 15, 2003

The 2003/2004 Capital Fund Advisory Committee reconvened their meeting at 4:00 PM in The Marion L. Phillips Ball room with Andrew L. Fennelly, Executive Director.

The following members were present and the sign in roster is attached.

Janice Downing Apt. 426

Robert Cornish Apt. 401

Linda Mentillo Apt. 218

Absent: Larry Gobin, Richard Randolph

Mr. Fennelly presented a new list of items with changes suggested by the Committee at their July 8th meeting.

The committee unanimously approved the list of Capital Fund Program items in the annual plan and approved changes in the 5-year plan.

Meeting adjourned at 5:30 PM

Respectfully submitted:

Janice Downing, Tenant

Dear Executive Director:

re: Modernization Grant No.: NH36P012-501-2001
Date of AMCC acceptance --Pre-Audit = 03/04/2003.
Grant Authorized Amount = \$ 151,324.00

Please accept this email as notification to you that the Actual Modernization Cost Certificate (AMCC) for the subject Grant has been accepted by this office. The pre-audit date has been entered into the Line of Credit Control System (LOCCS), and therefore, your agency does not need to report on this Grant in LOCCS in the future.

Acceptance of this AMCC has been made on the basis that the obligated and expended amounts equal the disbursed amount in LOCCS for this Grant Authorization.

Please proceed to have a final audit completed on this Grant in accordance with 24 CFR §968.145, during your next scheduled IPA audit.

Sincerely,
Jeff T.
Facilities Management Specialist
PIH Boston HUB

Dear Executive Director:

re: Modernization Grant No.: NH36P012-501-2000

Date of AMCC acceptance --Pre-Audit = 03/04/2003.
Grant Authorized Amount = \$148,323.00

Please accept this email as notification to you that the Actual Modernization Cost Certificate (AMCC) for the subject Grant has been accepted by this office. The pre-audit date has been entered into the Line of Credit Control System (LOCCS), and therefore, your agency does not need to report on this Grant in LOCCS in the future.

Acceptance of this AMCC has been made on the basis that the obligated and expended amounts equal the disbursed amount in LOCCS for this Grant Authorization.

Please proceed to have a final audit completed on this Grant in accordance with 24 CFR §968.145, during your next scheduled IPA audit.

Sincerely,
Jeff T.
Facilities Management Specialist
PIH Boston HUB