

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

**PHA Plan
Agency Identification**

PHA Name: Monroe Housing Authority

PHA Number: NC065v01

PHA Fiscal Year Beginning: (mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: **Ms. Margaret Griffin**

Phone: **704/289-2514**

TDD:

Email (if available):

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 20 03

[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 filename in parentheses in the space to the right of the title.

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& Explanation of PHA Response (must be attached if not included	
in PHA Plan text)	

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

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

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

There have been no changes in policies or programs for year 2002, other than those required by regulations such as additional attachments.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. X 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? **\$386,561.00**

C. X 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 903.79(h)]

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

1. Yes X 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 Disposition
3. Application status (select one) Approved Submitted, pending approval

Planned application	
4. Date application approved, submitted, or planned for submission:	(DD/MM/YY)
5. Number of units affected:	
6. Coverage of action (select one)	
Part of the development	
Total development	
7. Relocation resources (select all that apply)	
Section 8 for units	
Public housing for units	
Preference for admission to other public housing or section 8	
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 X 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. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$

C. Yes/No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes/No: The PHDEP Plan is attached at Attachment

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes/X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)
The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes/No: below

Yes/No: at the end of the RAB Comments in Attachment ____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

State of North 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 need 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)

To provide safe, sanitary and decent housing to prospective residents. To work with other housing agencies to provide economic opportunities for prospective residents, and to work with other housing agencies within the jurisdiction.

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 in 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)

To provide safe, sanitary and decent housing. To assist the PHA in providing economic opportunities to its residents and to work with other housing agencies to provide housing to prospective, eligible residents.

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:

B. Significant Amendment or Modification to the Annual Plan:

**Monroe Housing Authority
Definition of „Substantial Deviation“ and
„Significant Amendment or Modification“**

The Monroe Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to „Substantial Deviation“ and „Significant Amendment or Modification,“ offer the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Changes to rent or admissions policies or organization of the waiting list.
- C. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- D. Additions of new activities not included in the current PHDEP Plan.
- E. Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

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
•	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
•	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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
•	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
•	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
•	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 check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
•	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
•	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
•	Schedule of flat rents offered each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
•	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
•	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest	Annual Plan: Operations and

	infestation (including cockroach infestation)	Maintenance
•	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
•	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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
•	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
•	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
•	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 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
	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
	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	Annual Plan:

	and between the PHA and local employment and training service agencies	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
•	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
•	The result 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 result 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) Goals & Objectives <input checked="" type="checkbox"/> Deconcentration Statement <input checked="" type="checkbox"/> Voluntary Conversion Statement <input checked="" type="checkbox"/> Mission & Goals Statement	(specify as needed) Annual Plan

REQUIRED ATTACHMENT B:

Annual Statement/Performance and Evaluation Report

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

PHAName: Monroe Housing Authority	Grant Type and Number Capital Fund Program: NC19P065502-01 Capital Fund Program Replacement Housing Factor Grant No:
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement
X Performance and Evaluation Report for Period Ending: 3/31/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total Non-CFP Funds		
2	1406 Operations	5,000.	4,819.00
3	1408 Management Improvements		
4	1410 Administration	2,000.	.00
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	40,500.	37,250.00
8	1440 Site Acquisition		
9	1450 Site Improvement	60,000.	13,332.80
10	1460 Dwelling Structures	281,247.	333,924.89
11	1465.1 Dwelling Equipment—Nonexpendable	6,500.	6,420.00
12	1470 Non Dwelling Structures	500.	.00
13	1475 Non Dwelling 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)	395,747.	395,747.00
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/CFPF)
Part II: Supporting Pages**

PHAName: Monroe Housing Authority		Grant Type and Number Capital Fund Program#: NC19P065502-01 Capital Fund Program Replacement Housing Factor#:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHAWide	OPERATIONS	1406		5,000.	4,819.28
PHAWide	ADMINISTRATION	1410		2,000.	.00
PHAWide NC65-4	FEES & COSTS a. Consultant for Needs Assessment b. A/E c. Asbestos Testing Total 1430	1430		3,000. 36,500. 1,000. 40,500.	750.00 36,500.00 .00 37,250.00
PHAWide	SITE IMPROVEMENTS Repair and/or replace sidewalks that are cracked, unlevel so as to create a tripping hazard or have drainage problems. Seed and straw disturbed areas.	1450		10,000.	3,841.80
NC65-4	At Willow Oaks provide site improvements. Rework screens at trash dumpsters, rework benches, resecure loose vinyl siding, provide additional handrails at site steps, clean out drainage ditches, provide additional sidewalks, remove excess concrete on walks, provide additional landscaping, remove trees growing thru fence or laying on fence, misc. Paint of columns and doors, replace existing cross ties retaining walls, crosion control, repair fence.	1450		25,000.	2,413.00
NC65-1	Provide general site improvements at Boyte, erosion control, provide additional handrails to site as needed. Repair/replace sidewalk triphazards (elderly site), misc. exterior painting. Total 1450	1450		25,000. 60,000.	7,078.00 13,332.00

NC65-1	DWELLING STRUCTURES Complete air conditioning of units and new thermostats—began in 98, 99 & 00.	1460	29 units	88,350.	88,350.00
NC65-4	Begin A/C—add to existing furnace Replace water heaters that are not replaced when air conditioning is installed.	1460	30 units 46 units	140,197.00 20,700.00	223,268.01 20,228.88
NC65-4	Replace Floors/ceiling because of water leaks			.00	2,078.00
NC65-1	At Hart/Boyle Street the units were built over a landfill and continue to have settlement problems and larger rats and ratholes. Fill voids in landfill to control settlement. Rodent Control Program	1460		30,000. 2,000.00	.00 .00
	Total 1460			281,247.	333,924.89
PHAWide	DWELLING EQUIPMENT a. Replace stoves b. Replace refrigerators	1465		3,500. 3,000. 6,500.	5,280.88 1,139.15 6,420.03
PHAWide	NON-DWELLING STRUCTURES a. At Day Care, scrape and paint canopy b. Replaced damaged metal at covered entry.	1470		500. 500.	.00 .00
	GRAND TOTAL			\$395,747.	

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

PHAName: Monroe Housing Authority		Grant Type and Number Capital Fund Program#: NC19P065502-01 Capital Fund Program Replacement Housing Factor#:					Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
PHAWide	9/30/03		3/31/03	09/30/05			
NC65-1	9/30/03		3/31/03	9/30/05			
NC65-4	9/30/03		3/31/03	9/30/05			

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)**

PHAName: Monroe Housing Authority		Grant Type and Number Capital Fund Program: NC19P065501-03 Capital Fund Program Replacement Housing Factor Grant No:		
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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	
		Original	Revised
1	Total Non-CFP Funds		
2	1406 Operations	5,000.00	
3	1408 Management Improvements	2,000.00	
4	1410 Administration	2,000.00	
5	1411 Audit		

6	1415 liquidated Damages			
7	1430 Fees and Costs	39,500.		
8	1440 Site Acquisition			
9	1450 Site Improvement	10,000.00		
10	1460 Dwelling Structures	321,561.00		
11	1465.1 Dwelling Equipment—Nonexpendable	6,500.00		
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)	386,561.00		
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			

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR)
PartII:SupportingPages**

PHAName: MonroeHousingAuthority		GrantTypeandNumber CapitalFundProgram#: NC19P065501-03 CapitalFundProgram ReplacementHousingFactor#:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost	
				Original	Revised
PHAWide	OPERATIONS	1410		5,000.	
PHAWide	MANAGEMENTIMPROVEMENTS	1408		2,000.	
PHAWide	ADMINISTRATION	1410		2,000.	
PHAWide	FEES&COSTS HireConsultantforNeedsAssessment A/E Total1430	1430		3,000. 36,500. 39,500.	
PHAWide	SITEIMPROVEMENT Provideadditionalparkingforresidents Total1450	1450		10,000. 10,000.	
NC65-1	DWELLINGSTRUCTURES Repair/Replacestormdoorsasneeded Replacebathroomceramictilefloors Providecarbonmonoxide detectors/smokeandArcFault Provideexterioraddresslightsforrear TakeoutwindowA/Cunits-patchand repairinteriorsheetrockandoutside w/vinylsiding	1460	LS 160units 160units 160units 80units	.1,000.00 96,000.00 50,000.00 12,800.00 24,000.00	
NC65-4	ReplacefloortileinWillowOaks Includebathandrelatedbase(50%of floorshavebeendoneincluding plywoodfloor).Baseiswood Atsecondfloor,thefloorbucklesand tilecrackatjoints.Screwnewplywood flooringoverandprovidenewtileand shoemold. Providesheetvinylatbath,flooroften rottenatendsoftub. Repair/Replacestormdoorsasneeded		23units LS	53,771.00 1,000.00	
		formHUD-50075-SmallOHA(03/2003)			

HA-Wide	Provide exterior address lights—front & rear. Provide vent for dryers Begin painting units Total 1460		46 units LS	7,360.00 5,000.00 70,630.00 321,561.00	
HA-WIDE	DWELLING EQUIPMENT Replace Stoves Replace Refrigerators TOTAL 1465			2,500.00 4,000.00 6,500.00	
	GRAND TOTAL			\$386,561.	

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

PHAName: Monroe Housing Authority		Grant Type and Number Capital Fund Program#: NC19P065501-03 Capital Fund Program Replacement Housing Factor#:					Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	09/30/05			09/30/07			

NC65-1	09/30/05			09/30/07			
NC65-4	09/30/05			09/30/07			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)

PHA Name: Monroe Housing Authority	Grant Type and Number Capital Fund Program: NC19P06550102 Capital Fund Program Replacement Housing Factor Grant No:
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement

Performance and Evaluation Report for Period Ending: 3/31/03 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	5,000.00	
3	1408 Management Improvements		
4	1410 Administration	2,000.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	40,500.00	
8	1440 Site Acquisition		
9	1450 Site Improvement	30,814.00	
10	1460 Dwelling Structures	291,385.00	
11	1465.1 Dwelling Equipment—Nonexpendable	16,862.00	

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)	386,561.00	.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/CFPR)
Part II: Supporting Pages

PHAName: Monroe Housing Authority		Grant Type and Number Capital Fund Program#: NC19P06550102 Capital Fund Program Replacement Housing Factor#:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHAWide	OPERATION:	1406		5,000.	
	ADMINISTRATION	1410		2,000.	
PHAWide	FEES & COSTS	1430			
	a. Consultant for Needs Assessment			3,000.	
	b. A/E			36,500.	
NC65-1	c. Asbestos Testing			1,000.	
	Total 1430			40,500.	
PHAWide	SITE IMPROVEMENTS:	1450		30,814.	
	Provide additional parking for residents			30,814.	
	TOTAL 1450				
	DWELLING STRUCTURES:	1460			
NC65-1	Continue Rodent Control Program		LS	2,000.	
NC65-1	Bathroom vanity & sink top		160	54,500.	
NC65-4	Bathroom vanity & sink top		46	15,640.	
NC65-4	Replace plumbing fixtures and bath exhaust fans (as needed)		46	12,000.	
NC65-4	Repair/Replace interior stairs		46	20,000.	
NC65-4	Replace Kitchen Cabinets, Sink, & Range Hood		46	144,900.	
NC65-4	Replace GFID Devices in Kitchen		46	15,000.	
NV65-4	Install Smoke Detectors/Carbon Monoxide Detectors/Arc Faults		46	27,345.	
	TOTAL 1460			291,385	
PHA-Wide	DWELLING EQUIPMENT:	1465			
	Replace Stoves			7,500.	
	Replace Refrigerators			9,362.	
	TOTAL			16,862.	
	GRAND TOTAL			386,561.	

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

PHAN Name: Monroe Housing Authority	Grant Type and Number Capital Fund Program #: NC19P06550102 Capital Fund Program Replacement Housing Factor#:	Federal
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Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	07/31/04			07/31/06			
NC65-1	07/31/04			07/31/06			
NC65-1	07/31/04			07/31/06			

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

Monroe Housing Authority

Development Number/Name/HA- Wide	Year1 2003	Work Statement for Year2 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year3 FFY Grant: 2005 PHAFY: 2005	V FF PH
NC65-1	Annual	269,095.00	292,585.00	
NC65-4	Statement	20,814.00	19,600.00	
HA-Wide		96,652.00	74,376.00	
Physical Improvements		68,966.00	330,061.00	
Management Improvements		2,000.00	10,000.00	
HA-Wide Non-Dwelling Structures & Equipment		269,095.00	0.00	
Administration		2,000.00	2,000.00	
Other		39,500.00	39,500.00	
Operations		5,000.00	5,000.00	
CFP Funds Listed for 5-Year planning		\$386,561.00	\$386,561.00	
Replacement Housing Factor Funds				

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

PHAName Monroe Housing Authority				X Original Revision
Development Number/Name/HA-Wi	Year1 2003	Work Statement for Year2 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year3 FFY Grant: 2005 PHAFY: 2005	Work Sta FFY Grant PHAFY:
	Annual Statement			

NC65-1		269,095.00	292,585.00	2
NC65-4		20,814.00	19,600.00	
HAWide		96,652.00	74,376.00	
TOTAL		386,561.00	386,561.00	3
Operations				
ManagementImp.				
Administration				
TotalCFPFunds (est)				
TotalReplacement HousingFactor Funds				

Capital Funds Program Five Year Action Plan Part II: Supporting Pages -- Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2004 PHAFY: 2004			Activities for Year: 2 FFY Grant: 2004 PHAFY: 2004	
2003	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Activity Description
See	HA-Wide	Operations:		HA-Wide	Dwelling Equipment
		Total 1406	\$5,000.00		Purchaserang
	HA-Wide	Management Improvements:			
		Employee Training			
		Total 1408	2,000.00		
Annual					Non-Dwelling
	HA-Wide	Administration:		NC65-1	Provide exterior
		Total 1410	\$2,000.00		Provide addit
					community bui
	HA-Wide	Fees & Costs:			
Statement		Consultant for Needs Assessment	\$3,000.00		
		A/E	36,500.00	HA-Wide	Non-Dwelling
		Total 1430	39,500.00		Purchase Ne
					Purchase Ne
					Purchase Ne
		Site Improvements:			
	NC65-1	Provide general site improvements	20,000.00		
		Provide additional parking for residents	\$10,000.00		
	NC65-4	Provide site improvements	20,814.00		
		Total 1450	50,814.00		
					TOTALS

Capital Funds Program Five Year Action Plan Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 3 FFY Grant: 2005 PHAFY: 2005			Development Name/Number	Activities for Year: 3 FFY Grant: 2005 PHAFY: 2005
2003	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	
See	HA-Wide	Operations:			
		Total 1406	\$5,000.00		
	HA-Wide	Management Improvements:			
		Upgrade Computer Software			
		Total 1408	10,000.00		
Annual					
	HA-Wide	Administration:			
		Total 1410	2,000.00		
Statement	HA-Wide	Fees & Costs:		HA-Wide	Dwelling Equipment
		Consultant for Needs Assessment	3,000.00		Replacement
		A/E	36,500.00		
		Total 1430	39,500.00		
		Site Improvements:			
	NC65-1	Provide parking for residents	10,000.00		
		Total 1450	10,000.00		

		Dwelling Structures:		
	NC65-1	Provide new floortile-160 units	\$214,814.00	
		Replacement of interior lights-160 units	67,771.00	
	NC65-4	Provide 4' fluorescent light fixtures in kitchen-46	4,600.00	
		Make repairs to spray ceiling-46 units	15,000.00	
		Total 1460	\$302,185.00	
				TOTALS

Capital Funds Program Five Year Action Plan Part II: Supporting Pages--Work Activities

Activities For Year 1	Activities for Year: 4 FFY Grant: 2006 PHAFY: 2006			Activities for Year: 4 FFY Grant: 2006 PHAFY: 2006
2003	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number
See	HA-Wide	Operations:		
		Total 1460	\$5,000.00	

	HA-Wide	Management Improvements:			
		Employee Training			
		Total 1408	2,000.00		
Annual					
	HA-Wide	Administration:		HA-Wide	Dwelling Equi
					Purchaserang
		Total 1410	2,000.00		
	HA-Wide	Fees & Costs:			
Statement		Consultant for Needs Assessment	3,000.00		
		A/E	36,500.00		Non-Dwelling
		Total 1430	\$39,500.00	NC65-1	Providenewco
		Site Improvements:			
	NC65-1	Provide parking for residents	5,000.00		
		Total 1450	5,000.00		
		Dwelling Structures:			
	NC65-4	Upgrade bathrooms-46 units	62,971.00		
		Total 1460	\$62,971.00		
					TOTALS

Capital Funds Program Five Year Action Plan Part II: Supporting Pages -- Work Activities

Activities For Year 1	Activities for Year: 5 FFY Grant: 2007 PHAFY: 2007			Activities for Year: 5 FFY Grant: 2007 PHAFY: 2007
2003	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number
See	HA-Wide	Operations:		
		Total 1406	\$5,000.00	HA-Wide
	HA-Wide	Management Improvements:		Dwelling Equipment
		Employee Training		Replacement
		Total 1408	2,000.00	
Annual				
	HA-Wide	Administration:		
		Total 1410	2,000.00	NC65-4
	HA-Wide	Fees & Costs:		Non-Dwelling
	Statement	Consultant for Needs Assessment	3,000.00	Remodel
		A/E	36,500.00	provide additional
		Total 1430	\$39,500.00	roll up door, light
				doors, do ceiling
				clean & paint
				paint.
		Site Improvements:		
	NC65-1	Provide additional parking for residents	8,000.00	
		Provide new playground equipment	50,000.00	Non-Dwelling
	NC65-4	Provide new playground equipment	50,000.00	HA-Wide
		Total 1460	\$108,000.00	Purchase Truck
				Purchase new
		Dwelling Structures:		
	HA-Wide	Painting of units	\$83,061.00	
		Total 1460	83,061.00	
				TOTALS

REQUIRED ATTACHMENT D:

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 2001

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

PHDEPTarget Areas (Name of development(s) or site)	Total # of Units within the PHDEPTarget 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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD-approved extensions or waivers. For grant extensions received, place „GE“ in column or „W“ for waivers.

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

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.

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.

D. 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-ReimbursementofLawEnforcement						TotalPHDEP	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	HEDE Funding	OtherFunding (Amount/ Source)	

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

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

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

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

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

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

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

9160-DrugPrevention						TotalPHDEP	
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	

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

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

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

RequiredAttachment F__ :ResidentMemberonthePHA Governing Board

1. Yes X 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:

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

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

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: **December 15, 2003**

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

Required Attachment ___ F ___: 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.)

Resident Advisory Board

**Mr. James Byrd
Ms. Mary Blakeney
Ms. Debra Miller
Ms. Cynthia Walls
Ms. Eileen Griffin**

Board of Commissioners

Mr. Joe Beach, Chairman	Term Expires 04/19/05
Mr. George Miller, Vice-President	,,, 06/04/07
Ms. Carolyn Wheeling Griffin	,,, 10/03/05
Mr. Jack Lawson	,,, 12/15/03
Ms. Fannie Young	,,, 06/03/08
Mr. William Brewer	,,, 05/01/06
Mrs. Lorraine Helms	,,, 05/01/06

Mayor of City of Monroe

Mrs. Judy Davis **Term Expires 12/2003**

Deconcentration Calculations

Total Income: $2,009,541.00 / 206 = 9,755.00 / 1.08 =$ **9,032.00 Average Income**

NC065:

0BR 0x0.070= 0.00

1BR 52x0.85= 44.20

2BR 68x1.00= 68.00

108%

3BR 96x1.25= 82.50

4BR 18x1.40= 26.60

5BR 2x1.61= 1.61

$222.91 / 206 = 1.08 / 9755 = \$9,032.$

OBTAINING GOALS & OBJECTIVES

The Monroe Housing Authority is on target to meet the Goal & Objectives as found in the Annual Plan for the Monroe Housing Authority for the Year 2001.