

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

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

## PHA Plan Agency Identification

**PHA Name:** North Bend City

**PHA Number:** OR009

**PHA Fiscal Year Beginning:** 01/2003

### PHA Plan Contact Information:

Name: Paul Colbert

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Email: pcolbert@ucinet.com

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

### PHA Programs Administered:

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan  
Fiscal Year 2003**

[24 CFR Part 903.7]

**i. Table of Contents**

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**Attachments**

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5- Year Action Plan
- Attachment D; Pet Policy Checklist
- Attachment E: Resident Membership on PHA Board or Governing Body
- Attachment F: Membership of Resident Advisory Board
- Attachment G: Comments of Resident Advisory Board
- Attachment H: Deconcentration Analysis Update
- Attachment I: Definitions

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

The plan remains substantially unchanged.  
PHDEP has been eliminated.  
Deconcentration analysis has been updated.  
2001 CFP budget changed, shifting \$60,000 from dwelling equipment to operations.

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

There are no relevant changes to the plan this year.  
A policy on domestic violence will be given further consideration.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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? \$ 228,005

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)]

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.)

#### **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.)

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? NA
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? NA
- 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. NA
- D.  Yes  No: NA

#### **6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

- Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- If yes, the comments are attached at Attachment G
- 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 G.

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**

1. Consolidated Plan jurisdiction: State of Oregon

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: None known

## **C. Criteria for Substantial Deviation and Significant Amendments**

1. Amendment and Deviation Definitions: Attachment I

24 CFR Part 903.7(r)

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

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

|

## Attachment A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
⊕	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	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 jurisdictions 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
NA	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	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 <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
⊕	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination



**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> 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 infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
⊕	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	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
⊕	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input 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
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
⊕	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program	Annual Plan: Homeownership
NA	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
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	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
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
⊕	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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



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

<b>PHA Name:</b> North Bend City	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P00950103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> FY 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	50,000			
3	1408 Management Improvements				
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,005			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	150,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	228,005			
22	Amount of line 21 Related to LBP Activities				

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

<b>PHA Name:</b> North Bend City	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P00950103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> FY 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
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: North Bend City		Grant Type and Number Capital Fund Program Grant No: OR16P00950103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA wide	Operations	1406		50,000				
HA wide	Administration	1410		10,000				
HA wide	Fees and Costs	1430		3,005				
9-1 Hamilton Court	Dwelling structures: Replacement of patio privacy fences	1460	17	25,000				
9-2 Airport Heights	Dwelling structures: Paint exterior	1460	51	125,000				
9-1 Office building	Non-dwelling structures: New windows, carpeting, records storage	1470		15,000				

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

PHA Name: North Bend City		<b>Grant Type and Number</b> Capital Fund Program No: OR16P00950103 Replacement Housing Factor No:					Federal FY of Grant: FY 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All activities	09/30/04			12/31/04			



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

<b>PHA Name:</b> North Bend City	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P00950102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> FY 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: June 30, 2002  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		10,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve		218,005	0	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)		228,005	0	0
22	Amount of line 21 Related to LBP Activities				

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

<b>PHA Name:</b> North Bend City	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P00950102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> FY 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: June 30, 2002  Final Performance and Evaluation Report

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

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

PHA Name: North Bend City		Grant Type and Number Capital Fund Program Grant No: OR16P00950102 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA wide	Administration of CFP	1410			10,000	0	0	Begins 09-01-2002
9-1	Replacement Reserve: Increasing fund to be used to replace siding at Hamilton Court (9-1)	1490			218,005	0	0	Begins 09-01-02

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: North Bend City			Grant Type and Number Capital Fund Program Grant No: OR16P00950102 Replacement Housing Factor Grant No:				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 Work	
				Original	Revised	Funds Obligated	Funds Expended		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule								
PHA Name: North Bend City		Grant Type and Number Capital Fund Program No: OR16P00950102 Replacement Housing Factor No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
9-1 and HA wide	06/30/03	<b>06/30/04</b>		06/30/03	<b>12/31/04</b>		<b>Possible litigation over bid award (09-30/02)</b>	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Bend City		Grant Type and Number Capital Fund Program No: OR16P00950102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: North Bend City		Grant Type and Number Capital Fund Program Grant No: OR16P00950101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<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: 06/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	80,674	140,674	80,674	
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				

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

<b>PHA Name:</b> North Bend City	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P00950101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/02  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	60,000	0	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	100,000	100,000	0	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: North Bend City			<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P00950101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>								
PHA Name: North Bend City			<b>Grant Type and Number</b> Capital Fund Program No: OR16P00950101 Replacement Housing Factor No:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HA Wide and 9-1	12/31/03			12/31/03				



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

PHA Name: North Bend City		<b>Grant Type and Number</b> Capital Fund Program No: OR16P00950101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

**Capital Fund Program Five-Year Action Plan**

Part I: Summary

A Name North Bend City		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
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

	Annual Statement				
wide		100,000	100,000	78,000	78,000
Hamilton Court		128,000		72,000	
<i>Office</i>			50,000		
			50,000		150,000
			28,000	78,000	
P Funds Listed for ear planning		228,000	228,000	228,000	228,000
placement Housing tor Funds					

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2 FFY Grant: 2004 PHA FY: 2004	Activities for Year: 3 FFY Grant: 2005 PHA FY: 2005



<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<i>HA wide</i>	<i>Operations</i>	78,000	<i>HA wide</i>	<i>Operations</i>	78,000
9-1 Hamilton Court	<i>Bathroom cabinets</i>	72,000			
<i>.5 Scattered sites</i>	<i>And other building upgrades</i>	78,000			
			<i>9-2 Airport Heights</i>	<i>Building improvements</i>	150,000
<b>Total CFP Estimated Cost</b>		228,000			228,000



**Attachment D**

Public housing residents use this checklist to comply with our policy.

**PET CHECKLIST**

I/We understand that I/we must have the North Bend City/Coos Curry Housing Authorities (herein after referred to as the HA) permission prior to owning a pet.

**REGISTRATION WITH HA:**

- Yes \_\_\_ No \_\_\_ Refundable Pet deposit paid in full
- Yes \_\_\_ No \_\_\_ Non-Refundable Pet deposit paid in full
- Yes \_\_\_ No \_\_\_ Secondary Caretaker
- Yes \_\_\_ No \_\_\_ Signed Request for Ownership of Pet
- Yes \_\_\_ No \_\_\_ Signed Pet Rules/Agreement
- Yes \_\_\_ No \_\_\_ Recent Color Photo of Pet (must be attached to this checklist)
- Yes \_\_\_ No \_\_\_ License Tag # \_\_\_\_\_

**CERTIFICATION:**

- Yes \_\_\_ No \_\_\_ Animal neutered or spayed

**Current with all inoculations for dogs and cats:**

**DOGS:**

- Yes \_\_\_ No \_\_\_ Distemper  
Date: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Parvo  
Date: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Hepatitis  
Date: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Parainfluenza  
Date: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Rabies  
Date: \_\_\_\_\_

**CATS:**

- Yes \_\_\_ No \_\_\_ Distemper  
Date: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Rabies  
Date: \_\_\_\_\_

Yes\_\_\_\_ No \_\_\_\_\_ Rhinotracheitis

Date:\_\_\_\_\_

Yes\_\_\_\_ No \_\_\_\_\_ Calcivirus

Date:\_\_\_\_\_

Yes\_\_\_\_ No \_\_\_\_\_ **Panleukopenia**

**Date:**\_\_\_\_\_

**Required Attachment E: 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: Winnifred Grant

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

Elected

Appointed

C. The term of appointment is (include the date term expires): Five years, expiring in 01/2003.

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

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: NA

C. Name and title of appointing official(s) for governing board.

John Briggs, Mayor of North Bend



**Required Attachment F: Membership of the Resident  
Advisory Board or Boards**

Barbara Roberts

Jack Farrell

Toni Anderson

Sally Brecke

Nancy Reid

Edith Brown

Ester Nicola

Rachel Hughes; Resident Manager

## **Required Attachment G: Comments of Resident Advisory Board**

The Resident Advisory Board made two recommendations to the board. Both were incorporated into this agency plan.

1. Amend the 2001 CFP budget, deleting the \$60,000 in 1465.1 (to be used for carpeting at Hamilton Court) and adding \$60,000 to 1406, Operations.
2. Fund the following items for the up-coming budget year:
  - Exterior painting at 9-2 at \$125,000.
  - Replace privacy fences at 9-1 at \$25,000..
  - Continue to fund, at a level of \$50,000, a maintenance person out of this CFP and sufficiently fund operations including the expenses directly or indirectly associated with CFP activities.

## Required Attachment H: Deconcentration Analysis Update

### Component 3, (6) Deconcentration and Income Mixing

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

The annual income of all family developments is \$10,167. The average income of our scattered site units is \$10,555. The average income of Airport Heights is \$10,108. The two incomes are well within the 85-115% range of \$8,642 to \$11,693.

## **Required Attachment I: Definitions**

### ***Definition of Substantial Deviation to Five-Year Plan***

- Additions of non-emergency work items that exceed \$5,000.00 not previously included in the current Annual Plan or Five-Year Action Plan
- Change of over \$5,000.00 in the use of replacement reserve funds under the Capital Fund

An exception to this definition will be made for any of the above that are mandated by HUD, resulting from any REAC or other HUD inspection process or deemed an emergency by the Board of Commissioners; such changes will not be considered a substantial deviation to the Five-Year Plan.

### ***Definition of Significant Amendment or Modification to Annual Plan***

- Changes to rent or admissions policies or organization of the waiting list
- Additions of new activities over \$500.00 not included in the current PHDEP Plan
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments or modifications to the Annual Plan.

