

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

**PHA Plan  
Agency Identification**

**PHAName:** Housing Authority of the City of Naples, Texas

**PHANumber:** TX121

**PHAFiscalYearBeginning:(mm/yyyy)** 10/2003

**PHA Plan Contact Information:**

Name: Ann Casey

Phone: 903 -897-5336

TDD: 903 -897-5336

Email (if available): 0629t@gte.net

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**PHA Programs Administered :**

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

# Annual PHA Plan Fiscal Year 2003

[24CFR 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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<input checked="" type="checkbox"/> Attachment F__: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment G__: Membership of Resident Advisory Board or Boards	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
• Attachment C: Performance and Evaluation Report, 2001 CFP	
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• Attachment H: PHA Certification of Compliance with the PHA Plan and Related Regulations Board Resolution to Accompany the PHA Plan	
* Attachment I: form HUD D-50070, Certification of a Drug-Free Workplace	
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\*AttachmentK:StandardformLLL,DisclosureofLobbyingActivities  
HARDCOPIESOFATTACHMENTSH ,I,JANDKMAILEDTOFT.WORTH  
FIELDOFFICE

## ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAAoption,provideabriefoverviewoftheinformationintheAnnualPlan

### 1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

1. TheUtilityAllowancePolicyamended,effective10/01/2003
2. TheMinimumRentPolicyamended,effective10/01/2003
3. TheCommunityServicePolicyreinstated,effective10/01/2003

### 2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethis component.

A.  Yes  No: Ist hePHAeligible 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? \$125,000.00

C.  Yes  No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### (1)CapitalFundProgram5 -YearAction Plan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentE

#### (2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentB

### 3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethis 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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

- A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 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.CapacityofthePHAtoAdminister aSection8HomeownershipProgram**

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpaymentcomesfromthefamily’s resources
- Requiringthatfinancingforpurchaseofahomeunderitssection8homeownership willbeprovided,insuredorguaranteedbythestateorFederalgovernment;comply withsecondarymortgagemarketunderwritingrequirements;orcomplywithgenerally acceptedprivatesectorunderwritingstandards
- Demonstratingthatithasorwillacquireotherrelevantexperience(listPHA experience,oranyotherorganizationtobeinvolvedanditsexperience,below):

**5.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriorreceiptofPHDEPfund.

A.  Yes  No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA’sestimatedoractual(ifknown)PHDEPgrantforthecoming year? \$\_\_\_\_\_

C.  Yes  No DoesthePHAplantoparticipateinthePHDEPintheupcomingyear?If yes,answerquestionD.Ifno,skiptonextcomponent.

D.  Yes  No: ThePHDEPPlanisattachedatAttachment\_\_\_\_\_

**6.OtherInformation**

[24CFRPart903.79(r)]

**A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse**

1.  Yes  No: DidthePHAreceiveanycomments onthePHAPlanfromtheResident AdvisoryBoard/s?

2. Ifyes,thecommentsareAttachedatAttachment(Filename)

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

- ThePHAchangedportionsofthePHAPlaninresponsetocomments Alistofthesechangesisincluded  Yes  No: belowor

- 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)

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)

## 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:

- Any change to Mission Statements such as;
- 50% deletion from or addition to the goals and objectives as a whole
- 50% or more decrease in the quantifiable measurement of any individual goal or objective

**B. Significant Amendment or Modification to the Annual Plan:**

- \*50% variance in the funds projected in the Capital Fund Program Annual Statement -
- \*Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or Capital Fund Program Annual Statement -
- \*Any change in a policy or procedure that requires a regulatory 30-day posting
- \*Any submission to HUD that requires a separate notification to residents, such as, HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated housing or Homeownership Programs



## 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>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflect in g 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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	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
	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 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 type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	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 Appropriation 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
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</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
	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input checked="" type="checkbox"/> check here if included in the public housing A&amp;O Policy</p>	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**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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: Naples Housing Authority	Grant Type and Number Capital Fund Program: TX21P12150103 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				
3	1408 Management Improvements	\$4,000.00			
4	1410 Administration	2,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,100.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	43,050.00			
10	1460 Dwelling Structures	49,500.00			
11	1465.1 Dwelling Equipment — Nonexpendable	13,000.00			
12	1470 Nondwelling Structures	5,000.00			
13	1475 Nondwelling Equipment	2,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	1,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$127,650.00			
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				

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

PHAName: Naples Housing Authority	Grant Type and Number Capital Fund Program: TX21P12150103 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	
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENT B

<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>								
PHAName: Naples Housing Authority			<b>Grant Type and Number</b> Capital Fund Program#: TX21P12150103 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	
TX-121-001	Paint/repair interior units	1460	10	\$15,000.00				
TX-121-001	Maintain central units	1460	20	8,000.00				
TX-121-001	Purchase new stoves and refrigerators	1465.1	20	8,000.00				
TX-121-001	Tree trimming/stump removal	1450		3,500.00				
TX-121-001	Remove old and install new iron fence	1450	4	8,500.00				
TX-121-001	Level land for new fence	1450	4	5,000.00				
TX-121-002	Purchase new stoves and refrigerators	1465.1	20	5,000.00				
TX-121-002	Tree trimming and stump removal	1450		500.00				
TX-121-002	Remove/replace vinyl floors and base	1460	4	9,000.00				
TX-121-002	Maintain central units	1460	12	7,500.00				
TX-121-002	Remove old and install new iron fence	1450		10,550.00				
TX-121-002	Level land for new fence	1450		5,000.00				
TX-121-002	Maintain laundry buildings	1470	2	5,000.00				
TX-121-005	Upgrade electrical entry service	1460	16	10,000.00				
H.A. Wide	Provide funds for A/E services	1430		8,100.00				
H.A. Wide	Provide funds for staff training	1408		4,000.00				
H.A. Wide	Provide funds for advertising and reproduction costs	1410		2,000.00				
H.A. Wide	Provide funds for relocation	1495		1,000.00				
H.A. Wide	Purchase maintenance tools	1475		2,000.00				
TX-121-002	Construct new parking spaces	1450	4	10,000.00				







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

PHAName: Naples Housing Authority	Grant Type and Number Capital Fund Program: TX21P12150101 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: 03/31/03
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: Naples Housing Authority			Grant Type and Number Capital Fund Program#: TX21P12150101 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	
TX-121-001	Remove and replace vinyl floors	1460	4d.u.	\$12,000.00	\$14,118.00	12,000.00		
TX-121-001	Remove and replace entry doors	1460	8d.u.	6,680.00	7,460.00	6,680.00		
TX-121-001	Remove existing chain fence and replace	1450	16d.u.	37,250.00	37,250.00	37,250.00		
TX-121-001	Level land for new fence	1450	16d.u.	1,923.00	1,923.00	1,923.00		
TX-121-002	Remove and replace vinyl floors	1460	3d.u.	9,000.00	9,000.00	9,000.00		
TX-121-002	Remove and replace entry doors	1460	4d.u.	3,340.00	3,340.00	3,340.00		
TX-121-002	Redo Community Bldg. Kitchen cabinets for 504 Compliance	1470	2 bldgs.	3,000.00	3,000.00	3,000.00		
TX-121-002	Construct sidewalks and curb cut to playgrounds and laundry bldgs.	1450	2 sites	3,500.00	3,500.00	3,500.00		
TX-121-004	Redo office lobby restroom grab bars to comply for 504 Compliance	1470	1 bldg.		325.00			
TX-121-005	Remove and replace vinyl floors	1460	3d.u.	9,000.00	9,000.00	9,000.00		
TX-121-005	Remove and replace kitchen cabinets	1460	3d.u.	5,000.00	5,000.00	5,000.00		
H.A. Wide	Provide funds for staff training	1408		3,000.00	2,940.69	2,940.69	2,940.69	Completed
H.A. Wide	Provide funds for ads & reproduction	1410		1,500.00	895.91	895.91	895.91	Completed
H.A. Wide	Purchase computer & software	1408		7,500.00	6,424.56			
H.A. Wide	Provide funds for new lawn mower	1475		7,000.00	6,919.84	6,919.84	6,919.84	Completed
H.A. Wide	Provide funds for relocation	1495.1		1,200.00	300.00	236.90		
H.A. Wide	Provide funds for Architect/Engineer	1430		9,775.00	9,775.00	9,775.00		
H.A. Wide	Provide funds for land purchase for new maintenance/storage building	1440		8,000.00	7,000.00			

<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>								
PHAName: Naples Housing Authority		<b>Grant Type and Number</b> Capital Fund Program#: TX21P12150101 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	



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

PHAName: Naples Housing Authority		Grant Type and Number Capital Fund Program#: TX21P12150101 Capital Fund Program Replacement Housing Factor#:					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	
TX-121-001	09/30/2003			09/30/2004			
TX-121-002	09/30/2003			09/30/2004			
TX-121-003	09/30/2003			09/30/2004			
TX-11-004	09/30/2003			09/30/2004			
TX-121-005	09/30/2003			09/30/2004			
H.A. Wide	09/30/2003			09/30/2004			

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

PHAName: Naples Housing Authority	Grant Type and Number Capital Fund Program: TX21P12150102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/03     
 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	\$1,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000.00		\$12,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	12,411.00			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	100,000.00			
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)	\$125,911.00		\$12,000.00	
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				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Naples Housing Authority		Grant Type and Number Capital Fund Program: TX21P12150102 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
24	Amount of line 20 Related to Energy Conservation Measures			



ATTACHMENT D

<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>								
PHAName: Naples Housing Authority			<b>Grant Type and Number</b> Capital Fund Program#: TX21P12150102 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	
TX-121-001	Provide funds for advertising and reproduction costs	1410		\$ 1,500.00				
TX-121-001	Provide funds for Architect/Engineer fees	1430		12,000.00		\$12,000.00		Plans & Specs design stage
TX-121-001	Level land for and prepare for new maintenance building & fence	1450		4,000.00				
TX-121-001	Construct new fence, with locking gate, at new maintenance building	1450		8,411.00				
TX-121-001	Construct new maintenance/storage building	1470		\$100,000.00				



## ATTACHMENTE

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX-121-001	Pecan Circle, Pecan Street, Carpenter Street and Hickory Street	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Paint/repair interior units (10)	\$10,000.00	10/2004
Remove/replace vinyl floors and base (5)	15,000.00	10/2004
Paint/repair interior units (10)	10,000.00	10/2006
Repair/replace sewer lines	10,000.00	10/2006
Remove old bathtubs and replace with new	20,000.00	10/2006
Install new hot water heaters, with vents (20)	8,000.00	10/2007
Install new countertops, faucets & new connection lines	20,000.00	10/2007
Install new bath faucets and connection lines	10,000.00	10/2007
	<b>\$103,000.00</b>	

**CFP5 -YearActionPlan**

Originalstatement  Revisedstatement

<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	
TX-121-002	PecanStreet,LulaBryantStreet,Church Street,CornettRoad	
<b>DescriptionofNeededPhysicalImprovementsorManagement Improvements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
Paint/repairinteriorunits(8)	\$10,000.00	10/2004
Removeoldandinstallnewvinylfloorsandbase(3)	8,000.00	10/2005
Repair/replacesewerlines	8,500.00	10/2006
Removeoldbathtubsandinstallnew	10,000.00	10/2006
Installnewhotwaterheaterswithnewvents	5,000.00	10/2007
Installnewcountertops,faucetsandnewconnectionlines	12,000.00	10/2007
Installnewbathfaucetsandconnectionlines	6,000.00	10/2007
<b>Totalestimatedcostovernext5years</b>	<b>\$59,500.00</b>	

**CFP5 -YearActionPlan**

Originalstatement     Revisedstatement

<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>		
TX-121-003	WalnutStreetandHickoryStreet		
<b>DescriptionofNeededPhysicalImprovementsorManagement Improvements</b>		<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
Removeoldfenceandreplace withnewironfence		\$24,000.00	10/2004
Levellandfornewfence		5,000.00	10/2004
Purchasenewstovesandrefrigerators		3,000.00	10/2004
Maintaincentralunits		5,000.00	10/2005
Paint/repairinteriorunits(6)		25,000.00	10/2005
Repair/replacesewerlines		7,000.00	10/2006
Removeoldandinstallnewbathtubs(3)		8,000.00	10/2006
<b>Totalestimatedcostovernext5years</b>		<b>\$77,000.00</b>	

**CFP5 -YearActionPlan**

Originalstatement     Revisedstatement

<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>
TX-121-004	WalnutStreetandGallowayAvenue

<b>DescriptionofNeededPhysicalImprovementsorManagement Improvements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
Maintaincentralunits	\$8,000.00	10/2004
Paintandrepairinteriorunits(8)	15,000.00	10/2005
Purchasenewstovesandrefrigerators	7,500.00	10/2005
Repair/replacesewerlines	7,500.00	10/2006
Repairshowerandreplacebathfaucetsandconnectionlines	10,000. 00	10/2006
<b>Totalestimatedcostovernext5years</b>	<b>\$48,000.00</b>	

**CFP5 -YearActionPlan**

Originalstatement  Revisedstatement

<b>Development Number</b>	<b>DevelopmentName (orin dicatePHAwide)</b>	
TX-121-005	GallowayCircle	
<b>DescriptionofNeededPhysicalImprovementsorManagement Improvements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
Removeoldfenceandreplacewithnewironfence	\$16,000.00	10/2004
Levellandfornewfence	5,000.00	10/2004
Purchasene wstovesandrefrigerators	7,000.00	10/2004
Maintaincentralunits	15,000.00	10/2005
Paint/repairinteriorunits(15)	25,000.00	10/2005
Removeoldbathtubsandinstallnew	20,000.00	10/2006
Installnewhotwaterheaterswithnewvents	8,000.00	10/2007
Installnewcountertops,faucetsandnewconnectionlines	20,000.00	10/2007
Installnewbathfaucetsandconne ctionlines	10,000.00	10/2007
<b>Totalestimatedcostovernext5years</b>	<b>\$126,000.00</b>	

<b>CFP5 -YearActionPlan</b>		
<input type="checkbox"/> Originalstatement <input checked="" type="checkbox"/> Revisedstatement		
<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	
<b>H.A.Wide</b>	<b>H.A.Wide</b>	
<b>DescriptionofNeededPhysicalImprovements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
ProvidefundsforArchitect/EngineerServices	\$10,000.00	10/2004
Providefundsforstafftraining	4,000.00	10/2004
Providefundsforadvertisingandreproductioncosts	2,000.00	10/2004
Providefundsforrelocation	2,500.00	10/2004
Purchasenew maintenancetruck	35,000.00	10/2004
ProvidefundsforArchitect/EngineerServices	10,000.00	10/2005
Providefundsforstafftraining	4,000.00	10/2005
Providefundsforadvertisingandreproductioncosts	2,000.00	10/2005
Providefundsforrelocation	3,000.00	10/2005
ProvidefundsforArchitect/EngineerServices	11,500.00	10/2006
Providefundsforstafftraining	4,000.00	10/2006
Providefundsforadvertisingandreproductioncosts	2,500.00	10/2006
Providefundsforaccount#1406	10,000.00	10/2006
ProvidefundsforArchitect/EngineerServices	11,000.00	10/2007
Providefundsforstafftraining	4,000.00	10/2007
Providefundsforadvertisingandreproductioncosts	2,500.00	10/2007
Providefundsfornewcomputerandsoftware	7,500.00	10/2007
<b>Totalestimatedcostovertnext5years</b>	<b>\$125,500.00</b>	
<b>GRANDTOTALESTIMATEDCOSTOVERNEXT5YEARS</b>	<b>539,000.00</b>	



## PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD-50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

### Section 1: General Information/History

A. Amount of PHDEP Grant \$ \_\_\_\_\_

B. Eligibility type (Indicate with an "x")                      N1 \_\_\_\_\_ N2 \_\_\_\_\_                      R \_\_\_\_\_

C. FFY in which funding is requested \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This 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.

PHDEPTargetAreas (Nameofdevelopment(s)orsite)	Total#ofUnitswithin thePHDEPTarget Area(s)	TotalPopulationto beServedwithin thePHDEPTarget Area(s)

**F.DurationofProgram**

Indicatetheduration(numberofmonthsfundswillberequired)ofthePHDEPProgramproposedunderthisPlan(placean“x”toindicatethelengthofprogramby#ofmonths.  
For“Other”,identifythe#ofmonths) .

12Months \_\_\_\_\_ 18Months \_\_\_\_\_ 24Months \_\_\_\_\_

**G. PHDEPProgramHistory**

IndicateeachFYthatfundinghasbeenreceivedunderthePHDEPProgram(placean“x”byeachapplicableYear)andprovideamountoffundingreceived.Ifpreviou slyfunded  
programs havenot beenclosedoutatthetimeofthissubmission,indicatethefundbalanceandanticipatedcompletiondate.TheFundBalanceshouldreflectthebalanceasof  
DateofSubmissionofthePHDEPPlan.TheGrantTermEndDateshould includeanyHUD -approvedextensionsorwaivers.Forgrantextensionsreceived,place“GE”incolumn  
or“W”forwaivers.

FiscalYearof Funding	PHDEP Funding Received	Grant#	FundBalance asofDateof thisSubmission	Grant Extensions orWaivers	GrantS tart Date	GrantTerm EndDate
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY ____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

**TOTAL PHDEP FUNDING**

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
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.							

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

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

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

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



**Required Attachment F: 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: Paulette Ross and Eva Nevill

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 11/26/2004 & 11-26-2004

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: 11-28-2003

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

## **Required Attachment G: 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.)

1. Eva N. Nevill  
403 Walnut Street, Apt. #68  
Naples, Tx. 75568
2. Kay Ries  
206 Gallo way Avenue, Apt. #60  
Naples, Tx. 75568
3. Gary Ayers  
313 Walnut Street, Apt. #55  
Naples, Tx. 75568
4. Larry Skeins  
319 Walnut Street, Apt. #53  
Naples, Tx. 75568
5. James Turner  
411 Walnut Street, Apt. #64  
Naples, Tx. 75568