

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

---

Small PHA Plan Update

Annual Plan for Fiscal Year: 2003      Fiscal year ending June 30, 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

**PHAName:** Bennington Housing Authority

**PHANumber:** VT009

**PHAFiscalYearBeginning:** July 1, 2003

### PHA Plan Contact Information:

Name: Deborah A. Reed

Phone: (802) 442-8000

TDD:

Email (if available): joehall@sover.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 - Bennington Town Office & the Bennington Free Library

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 04  
[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.

**Contents**

Page#

**Annual Plan**

- i. Executive Summary (optional)
- ii. Annual Plan Information
- iii. Table of Contents
  - 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
  - 2. Capital Improvement Needs
  - 3. Demolition and Disposition
  - 4. Homeownership: Voucher Homeownership Program
  - 5. Crime and Safety: PHDEP Plan
  - 6. Other Information:
    - A. Resident Advisory Board Consultation Process
    - B. Statement of Consistency with Consolidated Plan
    - C. Criteria for Substantial Deviations and Significant Amendments

**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\_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment\_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D\_: Resident Membership on PHA Board or Governing Body
- Attachment E\_: Membership of Resident Advisory Board or Boards
- Attachment F\_: Comments of Resident Advisory Board or Boards & 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.

This is in response to the HUD report on the Bennington Housing Authority's (BHA) Resident Assessment, Customer Satisfaction Survey. The BHA had scores under 75% on Safety, (69%) and Housing Development Appearance, (71%).

It is very difficult to respond to this when the BHA is not given specific problems in these categories, so that they can be focused on.

**Safety:** The BHA has a retired Bennington Town Police Officer on its staff, 40 hours per week. He oversees programs for the resident children, does inspections and deals with resident issues and oversees fire drills in the elderly housing projects, as the family housing is all row houses with single entrances. The Town's Fire and Safety Code officers monitor the BHA. We will continue to make the residents as safe as we possibly can. Again, it is hard to address this issue without knowing the specifics.

**Appearance:** The BHA has residents that pick up the papers and trash that get left on the grounds of the projects. The BHA staff is working with the trash collector in keeping the area around the dumpsters clear of trash and debris. We have a program in place, as the source of the trash that is found on the ground is unidentified, the resident that is responsible is charged a fee. The largest family project, Willowbrook has new siding on the buildings and we are planning to do the last resident building and the community building, as funds become available. Again, it is hard to address this issue without knowing the specifics.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

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

1. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$325,111

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

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(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: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip 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 home owner 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 PHA may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meetings 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  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (File name) Attachment F on page 38

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, see attachment F on page 38

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: VERMONT STATE

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 reduction in a development or in a program of greater than 25 percent of the units, or 25 percent of the residents served, which was not necessitated by a funding reduction over which the Bennington Housing Authority had no power, will be considered a substantial deviation. As well as a change in the Capital Fund Program (CFP) which shifted greater than 50 percent of the total annual funding from a single CFP line item to another, or from CFP to another program, such as Operating Funds. In addition, applications for new program funding and initiation of a new program not included in the 5 -year plan will not be considered a substantial deviation.

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

A significant amendment or modification to the Annual Plan will be when a budget revision in a program causes a shifting of over 50 percent of the funding (unless it is necessitated by a HUD funding shift). In other words, budget revisions entailing less than 50 percent of the total budget, or the addition of a new program of less than 50 percent of the total previous budget, will not be considered a significant amendment or modification.

The Bennington Housing Authority will not substantially deviate from its 5 -Year Plan or its Annual Plan during its fiscal year. Any changes will take place with a new fiscal year, after a public hearing and approval of the proposed updated plan by the Bennington Housing Authority's Board of Commissioners and 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.

<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 Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<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	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
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
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	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 and Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name:  <b>BENNINGTON HOUSING AUTHORITY</b>	Grant Type and Number VT -36-P009-501-03 Capital Fund Program: X Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2003</b>
--	---	---

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	60,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	250,111			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
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)	325,111			
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	185,000			





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

<b>PHAName:</b> BENNINGTON HOUSING AUTHORITY	<b>Grant Type and Number CAPITAL FUND</b> Capital Fund Program Grant No: VTP009-910-99 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 1999
---	---	-------------------------------------

Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2002     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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	19,559	19,559
8	1440 Site Acquisition				
9	1450 Site Improvement	25,195	24,968	22,496	22,496
10	1460 Dwelling Structures	234,000	263,768	266,891	266,891
11	1465.1 Dwelling Equipment — Nonexpendable	66,500	36,959	36,959	36,959
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,400	2,400	2,190	2,190
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	348,095	348,095	348,095	348,095
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security — Soft Costs				
	Amount of Line XX related to Security -- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

<b>PHAName:</b> BENNINGTON HOUSING AUTHORITY		<b>Grant Type and Number CAPITAL FUND</b> Capital Fund Program Grant No: VTP009-910-99 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	

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

PHAName: BENNINGTON HOUSING AUTHORITY		Grant Type and Number CAPITAL FUNDS Capital Fund Program Grant No: VT-36-P009-910-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999			
Development Number Name/HA-Wide Actvty	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
H.A. WIDE	A&E	1430		20,000	20,000	20,000	19,559	Done	
VT9 -1	Install vinyl siding	1460		25,000	25,000	74,949	74,949	Done	
VT9 -1	Flooring 1 <sup>st</sup> floor 25 apts.	1460		35,000	35,000	28,597	28,597	Done	
VT9 -2	Replace Refrigerators & stoves	1465.1		42,000	25,123	25,123	25,123	Done	
VT9 -2	Replace carpet in Apts.	1460		27,000	21,171	21,171	21,171	Done	
VT9 -2	Replace some cabinets	1460		25,000	25,000	---	---	Pending	
VT9 -3	Replace original refrigerators	1465.1		17,500	5,440	5,440	5,440	Done	
VT9 -3	Carpet on 1 <sup>st</sup> floor common area	1460		14,000	5,947	5,947	5,947	Done	
VT9 -3	Replace ground floor patios	1460		15,000	15,000	---	---	Pending	
VT9 -3	Replace some windows in Apts.	1460		16,500	16,500	16,500	16,500	Done	
VT9 -4	Replace roofing	1460		62,000	62,000	88,290	88,290	Done	
VT9 -4	Replace ranges	1465.1		7,000	6,396	6,396	6,396	Done	
VT9 -4	Re-grade & landscape	1450		20,000	20,000	12,717	12,717	Done	
VT9 -1	Replace some Apt. windows	1460		---	43,650	32,158	32,599	Done	
VT9 -3	Replace bathroom vanities	1460		5,000	5,000	---	---	Pending	
VT9 -1	Install venting generator room	1475		2,400	2,400	1,500	1,500	Done	
VT9 -1	Install fencing	1450		2,000	1,773	1,773	1,773	Done	
VT9 -1	Replace bark mulch -playground	1450		3,195	3,195	3,310	3,310	Done	
VT9 -2	Replace exterior doors	1460		9,500	9,500	4,224	4,224		
Totals						348,095	348,095		



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

<b>PHAName:</b> BENNINGTON HOUSING AUTHORITY	<b>Grant Type and Number CAPITAL FUNDS</b> Capital Fund Program Grant No: VT36 -P009-501-00 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
---	--	-------------------------------------

Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: ) 1  
 Performance and Evaluation Report for Period Ending: 12/31/2002  
  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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000	15,000	16,190	16,190
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000	20,000	19,685	19,685
10	1460 Dwelling Structures	275,000	263,167	263,167	263,167
11	1465.1 Dwelling Equipment — Nonexpendable	38,095	38,095	37,220	37,220
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	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	348,095	336,262	336,262	336,262
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security — Soft Costs				
	Amount of Line XX related to Security -- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

<b>PHAName:</b> BENNINGTON HOUSING AUTHORITY		<b>Grant Type and Number CAPITAL FUNDS</b> Capital Fund Program Grant No: VT36 -P009-501-00 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )1 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002 <input checked="" type="checkbox"/> Final Performance and Evaluation Report				
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>

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

PHAName: BENNINGTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: VT36 -P009-501-00 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
HA Wide	A&E	1430		15,000	15,000	16,190	16,190	Done	
VT9 -1	Vinyl siding & windows	1460		130,000	130,000	104,840	104,840	Done	
VT9 -1	Replace vinyl flooring in 25 Apts.	1460		25,000	25,000	10,630	10,630	Done	
VT9 -1	Cabinets in 25 Apts.	1460		30,000	24,000	---	---	Pending	
VT9 -1	Replace 50 refrigerators & 72 ranges	1465.1		38,095	38,095	37,220	37,220	Done	
VT9 -2	Replace kitchen cabinets in 25 Apts.	1460		25,000	19,167	---	---	Pending	
VT9 -3	Replace windows in Apts.	1460		45,000	45,000	134,697	134,697	Done	
VT9 -3	Replace carpet common areas 2 & 3 fl.	1460		15,000	15,000	13,000	13,000	Done	
VT9 -3	Replace storage heaters in 4 apts.	1460		5,000	5,000	---	---	Pending	
VT9 -4	Landscaping	1450		20,000	20,000	19,685	19,685	Done	
Totals				\$348,095	\$336,262	\$336,262	\$336,262		



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

<b>PHAName:</b> BENNINGTON HOUSING AUTHORITY	<b>Grant Type and Number</b> VT -36-P009-501-01 Capital Fund Program: CAPITAL FUNDS Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
---	--	-------------------------------------

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2002     
  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	50,000		50,000	50,000
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000		15,000	4,988
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	278,017		278,017	228,183
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
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)	343,017		343,017	283,171
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/CFPRHF)**  
**Part III: Implementation Schedule**

PHAName: BENNINGTON HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: VT36 -P009-501-01 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	
HAWIDE	9/2004			9/2004		6/2002	
HAWIDE	9/2004			9/2004		6/2003	
VT9 -1	9/2004			9/2004		6/2003	
Willowbrook							
VT9 -2	9/2004			9/2004		9/2002	
Brookside							
VT9 -3	9/2004			9/2004		9/2002	
Walloomasac							


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

PHAName Bennington Housing Authority		<input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No: 1			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2008
VT9 -1 Willowbrook	See Annual Statement	---	252,611	200,111	191,611
VT9 -2 Brookside		126,111	52,000	75,000	21,000
VT9 -3 Walloomsac		153,500	14,500	---	31,500
VT9 -4 Beech Court HA Wide		45,500	6,000	---	81,000
				50,000	
Total CFP Funds (Est.)		325,111	325,111	325,111	325,111
Total Replacement Housing Factor Funds					

**Capital Fund Program Five - Year Action Plan**  
**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 2005			Activities for Year: <u>3</u> FFY Grant: 2005 PHAFY: 2006		
See Annual Statement	VT9 -2 Brookside	Replace walkways As needed	20,000	VT9 -1 Willowbrook	Replace roof shingles	200,000
	“	Replace emergency Generator	40,000	“	Playground upgrade	29,111
	“	Repl. 27 orig. apt. kitchen cabinets	60,111	“	Replace 30 orig. apt. backdoors	13,500
	“	Interior painting in comm. area	4,000			
	“	Replace chairs in vestibule	2,000			
	VT9 -3 Walloomsac	Repl. orig. windows & doors	71,500	“	Replace 30 orig. apt. backdoors	10,000
	“	Repl. vanities & cabinets	17,000	VT9 -2 Brookside	Repl. orig. carpet comm. Area	27,000
	“	Repl. carpet 30 apt.	28,000	“	Repl. orig. light fix.	10,000
				“	Repl. orig. toilets	12,000
				“	Repl. entrance roof	3,000
	“	Paint comm. area	15,000	VT9 -3 Walloomsac	Repl. water meter	1,500
	“	Sitework - curbs & patios	15,000	“	Repl. orig. light fix.	13,000
	“	Improve handicap parking	4,000			
	“	More lighting living/dining comm. Area	3,000	VT9 -4 Beech Court	Repl. 16 orig. refrigerators	6,000
	Vt9 -4 Beech Court	Repl. orig. flooring	40,500			
	“	Repl. orig. kitchen light fixtures	5,000			
		Total	\$325,111			\$325,111

**Capital Fund Program Five - Year Action Plan  
Part II: Supporting Pages — Work Activities**

Activities for Year: <u>4</u> FFY Grant: 2006 PHAFY: 2007			Activities for Year: <u>5</u> FFY Grant: 2007 PHAFY: 2008		
VT9 -1 Willowbrook	Replace emergency generator	\$40,000	VT9 -1 Willowbrook	Repl. 9 orig. ground mount elect. Transfrm.	72,000
“	Replace two hot water heaters	18,000	“	Replace tile 48 apts.	50,000
“	Repl. 150 orig. apt. windows	73,500	“	Replace kitchen cabinets 24 apts.	69,611
			VT9 -2 Brookside	Tree removal	3,000
“	Repl. sewer lines, as needed	18,611	“	Repl. orig. ground mount elect. trans.	8,000
“	Repl. 1973 sewer lift pumps	50,000	“	Upgrade building TV cable wiring	10,000
HA Wide	Replace 1993 Chev & 1995 Dodge trucks	50,000	VT9 -3 Walloomsac	Replace orig. front & rear main entrance doors	10,000
VT9 -2 Brookside	Repl. 7 orig. boiler & burners	75,000	“	Replace over-head garage/shop door	3,000
			“	Replace 50 ranges	10,500
			“	Replace ground mount elect. transformer	8,000
			VT9 -4 Beech Court	Up-grade landscaping	10,000
			“	Replace 20 apt. rear entrances sliding doors	24,000
			“	Replace apt. windows	18,000
			“	Replace flooring comm. building	8,000
			“	Repl. 5 entrance doors comm. building	5,000
			“	Replace 2 elect. Trans.	16,000
	Totals	\$325,111			\$325,111

# 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. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of \_\_\_\_\_ the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

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

### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs haven't been closed out at the time of this submission, indicate the fund balance and an 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
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.

FFY ____ P HDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
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	

<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategies 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	PHDEP 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	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TAMatch</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>9120 -Security Personnel</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>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							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</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>9170 -Drug Intervention</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>9180 -Drug Treatment</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>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$</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.							

**Required Attachment \_\_ D \_\_: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:  
SCOTT McLAUGHLIN, Apt. 306, 323 South Street, Bennington, Vermont 05201  
JUDITH ADAMS, Apt. 306, 206 School Street, Bennington, Vermont 05201

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

Scott McLaughlin: April 2005

Judith Adams: April 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 governing board member: April 2003

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

BENNINGTON TOWN SELECT BOARD

## **Required Attachment \_\_\_E\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

VT9 -1: Teresa Snide, 17 Shepard Street, Bennington, Vermont 05201.

VT9 -2: Sandra Mentiply, Apt. 309, 323 South Street, Bennington, Vermont 05201.

VT9 -3: Margaret (Peggy) Wade, Apt. 303, 206 School Street, Bennington, Vermont 05201.

VT9 -4: Lena Leake, Apt. 13, 201 Beech Street, Bennington, Vermont 05201.

Section 8 Program:

Darlene Munsey, 309 Washington Ave., Bennington, Vermont 05201.

Betty Stratton, Apt. 21, 135 Elm Street, Bennington, Vermont 05201.

### **RESIDENT ADVISORY BOARD & BOARD OF COMMISSIONERS RECOMMENDATION & REQUESTS**

VT9 -2, Brookside:

Replace the building's original TV wiring to accommodate digital TV & computer PowerLink.

Interior painting in common areas and laundry.

Replace chairs in common vestibule.

VT9 -3, Walloomsac:

Add more lighting to the common living & dining rooms.

Improve handicapped parking.

The above improvements have been added to the Five Year Action Plan.

VT9 -3, Walloomsac:

Improve walkway to back door entrance. This will be done soon. The BHA is looking for other funding. It cannot wait for Capital Funds.