

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

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# PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004  
Annual Plan for Fiscal Year 2004

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

**PHA Plan  
Agency Identification**

**PHA Name:** The Housing Authority of the City of Newport, Rhode Island

**PHA Number:** RI 005

**PHA Fiscal Year Beginning:** 04/2004

**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
- PHA local 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
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)  
Newport Resident Council Administration Office

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)

**Annual PHA Plan**  
**PHA Fiscal Year 2000**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Annual Plan for FY 2004 targets three broad areas of focus that are the same as in FY 2003.

2. Addressing critical problems related to the physical condition of its aging, obsolete housing stock and implementing sound asset management principals to control the HACN's real property inventory
3. Work to realize a resident population that is stable and supported in its desires to gain economic self-sufficiency
4. Continue the review and revision to administrative, operating and management policies begun in FY 2000 to reflect current conditions and to ensure conformance with QHWRRA and other pertinent federal, state and local regulations.

The above objectives will be addressed in specific areas of activity in addition to the HACN's ongoing operation:

1. The Authority made application to, and was approved by Rhode Island Housing for a combination of 4% and 9% tax credits, RIH target loan and home loans. These funds will be used to demolish 64 units of obsolete public housing and replace them with 81 affordable rental units in Phase I. This plan is part of an overall strategy to replace 498 units in Tonomy Hill with a mixed-income, mixed-finance community of rental and homeownership units. In the event that the Housing Authority demolishes or disposes of any housing units it will cause such unit to be replaced with an affordable unit of

comparable size and number of bedrooms. A replacement unit will be considered affordable if it is subject to a use restriction which limits admission to the unit to families with income at or below 60% of area median income and restricts rents for the unit to a level affordable by families at or below that income.

Notwithstanding the foregoing, with respect to units at the Tonomy Hill family housing development, the Housing Authority shall be in compliance with this requirement so long as it complies with the Agreement regarding replacement housing approved by the HACN Board of Commissioners at its meeting on April 8, 2004, and approved by the RIH Board of Commissioners at its meeting on May 20, 2004.

2. The Authority submitted an application, and received an award for funding under the HOPE VI program. The application will target functionally obsolete apartment units in Tonomy Hill. The plan calls for the phased demolition of all units and the construction of new, mixed-income, rental, and homeownership units on that site including units affordable to low-income families. The HACN will also project-base 20 percent of its Section 8 vouchers and work in cooperation with the Rhode Island Housing and Mortgage Finance Corporation to project-base additional Section 8 units to further our goal of deconcentration of low-income families in the city's north end. The revitalization strategy reflects a continued commitment of the HACN to address conditions at its most problematic development.
3. The Authority will continue a comprehensive review of its administrative, operating and management policies in FY 2004. The Authority will convene a series of workshops involving Commissioners, residents and staff to look at such issues as community service, financial budgets and downsizing of the Authority as a result of the HOPE VI redevelopment.
4. The Authority will do a cost analysis to determine if providing an income deduction to working families to offset the cost of being employed is cost effective (i.e. mandatory payroll deductions, a percentage of annual wages, a flat deduction from the hourly wage).
5. A Reasonable Accommodation policy was published in the Authority's newsletter for comment and was adopted by the Board of Commissioners.
6. The Authority developed a Pool Policy in accordance with federal procedures and the policy was adopted by the Board of Commissioners.
7. The Authority developed and implemented a Community Service Requirement Policy in accordance with HUD regulations.

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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## 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. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

### Required Attachments:

- Attachment A - Deconcentration & Income Mixing (ri005a05)
- Attachment B - FY 2000 CFP Annual Statement (ri005b05)
- Attachment C - FY 2001 CFP Annual Statement (ri005c05)
- Attachment D - FY 2002 CFP Annual Statement (ri005d05)
- Attachment E - FY 2003 CFP Annual Statement (ri005e05)
- Attachment F - FY 2004 CFP Annual Statement (ri005f05) - \$1,983,474
- Attachment G - FY 2004 CFP Annual Statement (ri005g05) - \$8,236
- Attachment H - Pet Policy (ri005h05)
- Attachment I - Project-Based Voucher Program (ri005i05)
- Attachment J - Resident Members of the PHA Governing Board (ri005j05)
- Attachment K - Membership of the Resident Advisory Board (ri005k05)
- Attachment L - Statement of Progress in Meeting the Mission and Goals  
Outlined in Current 5-Year Plan (ri005l05)
- Attachment M - Community Service & Economic Self-Sufficiency Policy  
(ri005m05)

### Optional Attachments:

- Attachment N - PHA Management Organizational Chart (ri005n05)
- Attachment O - FY 2000 Capital Fund Program 5-Year Action Plan  
(ri005o05) - \$1,983,474
- Attachment P - FY 2000 Capital Fund Program 5-Year Action Plan (ri005p05)-  
\$8,236
- Attachment Q - Newport Resident Council (RAB) Comments (ri005q05)
- Attachment R - Newport Housing Authority Responses to RAB Comments  
(ri005r05)
- Attachment S - FY 2003 CFP Annual Statement - (ri005s05) - \$420,688
- Public Housing Drug Elimination Program (PHDEP) Plan
- Other (List below, providing each attachment name)

## Supporting Documents Available for Review

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>Applicable 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	5 Year and Annual Plans
X	Fair Housing Documentation: 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) 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), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies Attachment A
X	Public housing rent determination policies, including the methodology 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
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	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 the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	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 (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	RASS Follow-Up Plans	Annual Plan: Crime and Safety
X	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)
X	Pet Policy	Attachment H
X	Statement of Progress in Meeting Mission Goals in Current 5-Year Plan	Attachment L
X	Community Service & Economic Self-Sufficiency Policy	Attachment M
X	Reasonable Accommodation Policy	
X	Wading Pool Policy	

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1367	5	5	5	5	5	5
Income >30% but <=50% of AMI	980	3	3	3	3	3	3
Income >50% but <80% of AMI	1367	3	3	3	3	3	3
Elderly	879	5	5	5	5	4	4
Families with Disabilities	N/A						

African American	690	5	5	5	5	5	5
Hispanic	284	5	5	5	5	5	5
American Indian	65	5	5	5	5	5	5
Asian	60	5	5	5	5	5	5

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000 - 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

### B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	213		
Extremely low income <=30% AMI	206	97	
Very low income (>30% but <=50% AMI)	6	3	

Low income (>50% but <80% AMI)	1	0	
Families with children	127	60	
Elderly families	16	8	
Families with Disabilities	25	12	
White	110	52	
African American	62	30	
American Indian	6	3	
Asian	35	17	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	86	41	
2 BR	72	34	
3 BR	43	21	
4 BR	8	4	
5 BR	4	2	
5+ BR			
<p>Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)? 18</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - elderly only at present</p>			

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	139		
Extremely low income <=30% AMI	94	89	
Very low income (>30% but <=50% AMI)	12	11	
Low income (>50% but <80% AMI)	0	0	
Families with children	90	85	
Elderly families	0	0	
Families with Disabilities	16	15	
White	47	45	
African American	30	29	
American Indian	1	1	
Asian	28	27	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			

4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 56 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing

- Extent to which particular housing needs are met by other organizations in the community
  - Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
  - Influence of the housing market on PHA programs
  - Community priorities regarding housing assistance
  - Results of consultation with local or state government
  - Results of consultation with residents and the Resident Advisory Board
  - Results of consultation with advocacy groups
  - Other: (list below)
- Review of Administrative Policies to occur during the year.

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2004 grants)</b>		
a) Public Housing Operating Fund	3,389,126	
b) Public Housing Capital Fund	1,991,710	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,083,466	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		



<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
RI43P005501-03 CFP	1,767,974	renovations
RI43P005502-03 CFP	420,668	renovations
RI43P005501-03 CFP	8,236	renovations
RI43P005501-02 CFP	10,992	renovations
RI01RSV005P0088 ROSS	6,952	resident services
RI43URD005I102 HOPE VI	17,787,143	revitalization
RI43URD005N102 HOPE VI	200,000	revitalization
<b>3. Public Housing Dwelling Rental Income</b>	2,231,000	PH operations
<b>4. Other income (list below)</b>		
Interest	86,601	PH operations
Transitional Housing Program	28,750	PH operations
<b>4. Non-federal sources (list below)</b>		
Other	300,000	operations
State of Rhode Island	35,000	Security & elderly services
City of Newport	3,250	Elderly Services
Neighborhood Network	50,000	computer training
<b>Total resources</b>	29,400,868	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)

- Other: (describe) When families apply for housing, all necessary credit reviews, interviews and referenced checks are initiated promptly. Determination is made upon receipt of information, typically within 15 days of application.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity  
 Rental history  
 Housekeeping  
 Other (describe)

c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list  
 Sub-jurisdictional lists  
 Site-based waiting lists  
 Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office  
 PHA development site management office  
 Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 1

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? 3 (Public Housing, Section 8, Newport Heights)

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)  
Resident Choice: Documented hardships; give first preference to long-term residents to limit resident turnover.

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials (provided at time of application and upon admission)
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing** See Attachment A (ri005a05)

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site based waiting lists  
If selected, list targeted developments below:

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)  
Provision of Social Security identification, citizenship or immigration status. One-Strike Policy, outstanding debt owed to Newport Housing Authority, any other PHA or Section 8 Program.
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below)  
Previous address, changes in tenant rent, rental payment history with tenant approval, HQS inspection, forwarding address.

### (2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation

- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

**(3) Search Time**

- a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

With documentation of housing search as we have a shortage of private market rentals.

**(4) Admissions Preferences**

a. Income targeting

- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)



Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

Date/Time

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application  
 Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD  
 The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers  
 Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan  
 Briefing sessions and written materials  
 Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices  
 Other (list below)

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

#### **(1) Income Based Rent Policies**

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
 \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Residents will be offered an annual choice of paying rent based upon 30% adjusted income or the following flat rent which is based upon a market rent study:

0 bedroom	\$350	3 bedroom	\$600	5 bedroom	\$800
1 bedroom	400	4 bedroom	750	6 bedroom	900
2 bedroom	500				

- d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member  
 For increases in earned income

- Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)  
Court ordered child support

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income)  
(select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below)

Interim re-examinations would only be conducted when that would result in a lower rent obligation and only at the written request of the resident.

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)  
Market Rent Study performed by local real estate appraisal company

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR

- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)  
Tight housing market

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached. Attachment N (ri005n05)
- A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing		
Section 8 Vouchers	140	20
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs(list individually)		
Elderly Service Coordinator	350	20

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)  
Warehouse and Inventory Control Operating Procedures for Newport Housing Authority Maintenance Operations; Operation, Inspection and Maintenance Plan; Master Metered Natural Gas Distribution Systems; Admissions and Continued Occupancy Policy
- (2) Section 8 Management: (list below)  
Newport Housing Authority Rental Assistance Administration Plan, HQS booklet

## 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### A. Public Housing

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

Procedures conform to requirements of State law. Policy reviewed in a workshop meeting between Commissioners, staff and members of the Board of Tenant Affairs. Issues included Board of Tenant Affairs training, timeliness of notices and prompt rendering of decisions.

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
- PHA development management offices
- Other (list below)  
Public Housing cases heard by State mandated Board of Tenant Affairs



**B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:  
Cases are heard by Newport Housing Authority staff Hearing Officer. Any appeals would be through court procedures.

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office  
 Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

**A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

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

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- The Capital Fund Program Annual Statements are provided as attachments to the PHA Plan at Attachment B (ri005b05); Attachment C (ri005c05); Attachment D (ri005d05); Attachment E (ri005e05); Attachment F (ri005f05); Attachment G (ri005g05) and Attachment S (ri005s05)

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment O (ri005o05) and Attachment P (ri005p05)

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name: Tonomy Hill
2. Development (project) number: RI 5-3
3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:  
Tonomy Hill

Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: 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 component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>		
1a. Development name: Tonomy Hill		
1b. Development (project) number: RI 5-3		
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>		
3. Application status (select one)		
Approved <input checked="" type="checkbox"/>	Phase I Demo (64 units)	5/17/02
	Phase I Dispo (64 " )	5/17/02
	Phase II Demo (102 units)	2/14/03
	Phase II Dispo (102 " )	2/14/03
Submitted, pending approval <input checked="" type="checkbox"/>	Phase II Demo (16 units)	8/26/03
	Phase III Demo (107 units)	8/26/03
	Phase IV Demo (82 units)	8/26/03
Planned application <input checked="" type="checkbox"/>	Phase II Dispo	11/14/03
	Phase III Dispo	7/01/04
4. Date application approved, submitted, or planned for submission: dates listed above		
5. Number of units affected: 371		
	Phase I:	64 units
	Phase II:	118 "
	Phase III:	107 "
	Phase IV:	82 "
6. Coverage of action (select one)		
<input checked="" type="checkbox"/> Part of the development		
<input type="checkbox"/> Total development		
7. Timeline for activity:		
	<u>Start</u>	<u>End</u>
	Phase I: Nov. 2002	Feb. 2004
	Phase II: Aug. 2003	Jan. 2005
	Phase III: July 2004	Feb. 2006
	Phase IV: July 2005	Feb. 2007
a. Actual or projected start date of activity:		
b. Projected end date of activity:		

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Donovan Manor	
1b. Development (project) number: RI 5-5	
2. Designation type:	
Occupancy by only the elderly <input checked="" type="checkbox"/>	
Occupancy by families with disabilities <input type="checkbox"/>	
Occupancy by only elderly families and families with disabilities <input type="checkbox"/>	
3. Application status (select one)	
Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date this designation approved, submitted, or planned for submission: <u>(16/01/98)</u>	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected: 85	NOTE: Of the 3 elderly developments, only
7. Coverage of action (select one)	Donovan Manor was affected by the change
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

1.  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 component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?



If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

- Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

- Yes  No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
ESC	358	Occupancy	Donovan Manor	Public Housing
ESL	25	Program Eligible	Sullivan School/FMG	" "
GED	30	" "	" " / "	" "
CODAC III	35	Referrals	FMG Center	" "
Child Care	0	"	" "	" "
Boys & Girls Club	135	Program Eligible	" "	" "
Park Holm Senior Center	25	" "	Park Holm Senior Ctr.	" "
Newport Resident Council	980	" "	One Park Holm	" "

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)  
Security questions were included as part of a separate survey. Similar questions are routinely included in other surveys.

3. Which developments are most affected? (list below)

Park Holm, Tonomy Hill, Chapel Terrace

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake:

(select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program

- Other (describe below)  
Monthly meetings will be held with residents, staff, local police and social service agencies to address safety issues.

2. Which developments are most affected? (list below)  
Park Holm, Tonomy Hill, Chapel Terrace

### C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)  
At Resident Advisory Board suggestion, Newport Housing Authority will work with the judicial departments, court system and legal services to keep out persons who are on probation and other criminal elements.

2. Which developments are most affected? (list below)  
Park Holm, Tonomy Hill, Chapel Terrace

### D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

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: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment Q (ri005q05)
- Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

### **3. Description of Resident Election Process**

- a. Nomination of candidates for place on the ballot: (select all that apply)
- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

**C. 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: Rhode Island



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 the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

#### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

Most recently issued PHAS score of Newport Housing Authority is 87%, Standard Performer.

## Attachments

Use this section to provide any additional attachments referenced in the Plans.

- Attachment - A Deconcentration and Income Mixing
- Attachment - B FY 2000 CFP Annual Statement
- Attachment - C FY 2001 CFP Annual Statement
- Attachment - D FY 2002 CFP Annual Statement
- Attachment - E FY 2003 CFP Annual Statement
- Attachment - F FY 2004 CFP Annual Statement (\$1,983,474)
- Attachment - G FY 2004 CFP Annual Statement (\$8,236)
- Attachment - H Pet Policy Narrative
- Attachment - I Project-Based Voucher Program
- Attachment - J Resident Members of the PHA Governing Board
- Attachment - K Membership of the Resident Advisory Board
- Attachment - L Statement of Progress in Meeting the Mission and Goals  
Outlined in Current 5-Year Plan
- Attachment - M Community Service & Economic Self-Sufficiency Policy
  
- Attachment - N PHA Management Organization Chart
- Attachment - O FY 2000 CFP 5-Year Action Plan (\$1,983,474)
- Attachment - P FY 2000 CFP 5-Year Action Plan (\$8,236)
- Attachment - Q Newport Resident Council (RAB) Comments
- Attachment - R Newport Housing Authority Responses to RAB Comments
- Attachment - S FY 2003 CFP Annual Statement (\$420,688)



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	200,000	200,000	200,000	200,000
3	1408 Management Improvements	226,447	226,447	226,447	226,447
4	1410 Administration	222,700	222,700	222,700	222,700
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	533,637	527,791	527,791	527,791
8	1440 Site Acquisition				
9	1450 Site Improvement	200,000	200,000	200,000	200,000
10	1460 Dwelling Structures	848,157	876,923	876,923	848,157
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	42,557	42,557	42,557	42,557
14	1485 Demolition	315,839	295,023	295,023	295,023
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	35,000	32,896	32,896	32,896
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,624,337	2,624,337	2,624,337	2,595,571
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	45,426	45,426	45,426	45,426
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	0	0	0	0

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550100</b> 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
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-3</b>	A. New units - Phase I	1460		848,157	876,923	876,923	848,157	ongoing
<b>Tonomy Hill</b>	B. Demolition - Phase I	1485		315,839	295,023	295,023	295,023	complete
	C. Site work - Phase I	1450		200,000	200,000	200,000	200,000	complete
	D. Relocation - Phase I	1495		35,000	32,896	32,896	32,896	complete
<b>HA-Wide</b>	A. Additional security patrols	1408		45,426	45,426	45,426	45,426	complete
<b>Management</b>	B. Resident employment	1408		125,821	125,821	125,821	125,821	complete
<b>Improvements</b>	C. Resident Council operations	1408		49,200	49,200	49,200	49,200	complete
	D. Staff training	1408		6,000	6,000	6,000	6,000	complete
<b>HA-Wide</b>	A. Salary allocation	1410		222,700	222,700	222,700	222,700	complete
<b>Admin. Costs</b>								
<b>Operations</b>	A. Operations	1406		200,000	200,000	200,000	200,000	complete

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: RI43P00550100 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
				Original	Revised	Funds Obligated	Funds Expended	
<b>Fees &amp; Costs</b>	A. Clerk of the Works - D/Manor	1430		300	300	300	300	complete
	B. A & E fees - Phase I	1430		400,685	394,777	394,777	394,777	complete
	C. Legal/Title/Misc. - Phase I	1430		15,292	15,292	15,292	15,292	complete
	D. Survey/Permit - Phase I	1430		26,787	26,787	26,787	26,787	complete
	E. Appraisal - Phase I	1430		1,820	1,820	1,820	1,820	complete
	F. Market Study - Phase I	1430		1,819	2,652	2,652	2,652	complete
	G. A & E fees - Donovan/Pond/Edgar	1430		42,626	41,855	41,855	41,855	complete
	H. Accounting/Insurance - Phase I	1430		44,308	44,308	44,308	44,308	complete
<b>Non-Dwelling</b>	A. Computer replacements	1475		1,439	1,439	1,439	1,439	complete
<b>Equipment</b>	B. Pickup truck	1475		20,054	20,054	20,054	20,054	complete
	C. Service van	1475		21,064	21,064	21,064	21,064	complete



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: The Housing Authority of the City of Newport, Rhode Island</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>RI43P00550101</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	199,628	199,628	199,628	31,104
3	1408 Management Improvements	355,500	355,500	355,500	275,730
4	1410 Administration	222,700	222,700	222,700	204,214
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	356,616	380,779	380,779	180,779
10	1460 Dwelling Structures	1,546,304	1,522,141	1,522,141	1,246,751
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,899	2,899	2,899	2,899
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,683,647	2,683,647	2,683,647	1,941,477
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	106,000	106,000	106,000	106,000
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: <b>The Housing Authority of the City of Newport, Rhode Island</b>		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550101</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-3</b>	A. Site Improvements - Phase I	1450	31	266,288	304,233	304,233	104,233	ongoing
<b>Tonomy Hill</b>	B. Soil remediation - Phase I	1450	31	90,328	76,546	76,546	76,546	complete
	C. Construct new units - Phase I	1460	31	1,512,699	1,488,536	1,488,536	1,213,146	ongoing
<b>RI 5-5B</b>	A. Bathrooms	1460	10	33,605	33,605	33,605	33,605	complete
<b>Chapel/Codd.</b>								
<b>Non Dwelling</b>	A. Computers	1475	1	2,899	2,899	2,899	2,899	complete
<b>Equipment</b>								

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

PHA Name: <b>The Housing Authority of the City of Newport, Rhode Island</b>		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550101</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA-Wide</b>	A. Security program	1408		106,000	106,000	106,000	106,000	complete
<b>Management</b>	B. Resident employment	1408		125,500	125,500	125,500	125,500	complete
<b>Improvements</b>	C. Resident services	1408		124,000	124,000	124,000	44,230	ongoing
<b>HA-Wide</b>	A. Salary and benefit allocation for	1410		222,700	222,700	222,700	204,214	ongoing
<b>Administrative</b>	administrative employees							
<b>Costs</b>								
<b>Operations</b>	A. Operations	1406		199,628	199,628	199,628	31,104	ongoing

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
<b>PHA Name: The Housing Authority of the City of Newport, Rhode Island</b>			<b>Grant Type and Number</b> Capital Fund Program No: <b>RI43P00550101</b> Replacement Housing Factor No:			<b>Federal FY of Grant: 2001</b>	
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	
<b>RI 5-3 Tonomy Hill</b>	6/30/03		6/30/03	6/30/05			
<b>Authority Wide</b>	6/30/03		6/30/03	6/30/05			

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: RI43P00550102 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 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	115,153	200,000	122,374	
3	1408 Management Improvements	459,500	335,500	335,500	127,037
4	1410 Administration	222,700	222,700	222,700	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000	11,569	577	577
8	1440 Site Acquisition				
9	1450 Site Improvement	388,969	322,206	322,206	
10	1460 Dwelling Structures	1,359,064	1,468,340	127,588	37,949
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	5,000	5,071	5,071	1,640
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,565,386	2,565,386	1,136,016	167,203
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550102</b> Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-5A</b>	A. Install sprinkler system	1460	110	1,080,319	0			
<b>Donovan Manor</b>	B. Replace emergency generator	1460	1	65,000	0			
	C. Replace stand pump	1460	1	60,000	0			
	D. Unit conversion	1460	18	53,000	37,949	37,949	37,949	complete
	E. Relocation	1495	14	5,000	5,071	5,071	1,640	ongoing
<b>RI 5-5B</b>	A. Repoint & seal brick	1460	15	80,000	0			
<b>Chapel/Coddington</b>								
<b>HA-Wide</b>	A. Security program	1408		210,000	210,000	210,000	46,285	ongoing
<b>Management</b>	B. Resident employment	1408		125,500	125,500	125,500	80,752	ongoing
<b>Improvements</b>	C. Resident Services/Operations	1408		124,000	0			

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550102</b> Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-3</b>	A. New units - Phase I	1460	1	20,745	89,639	89,639		
<b>Tonomy Hill</b>	B. Site improvements - Phase I	1450		320,075	322,206	322,206		
	C. Site remediation - Phase I	1450		68,894	0			
	D. Hope VI - Phase II units	1460		0	1,340,752	0		
<b>HA-Wide Admin. Costs</b>	A. Salary of Administration employees	1410		222,700	222,700	222,700		
<b>Fees &amp; Costs</b>	A. Architect/Engineering Services	1430		15,000	11,569	577	577	ongoing
<b>Operations</b>	A. Operations	1406		115,153	200,000	122,374		ongoing

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island			Grant Type and Number Capital Fund Program No: RI43P00550102 Replacement Housing Factor No:				Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>RI 5-3 Tonomy Hill</b>	6/30/04	5/30/04		6/30/06	5/30/06		reflect ACC date
<b>PHA Wide</b>	6/30/04	5/30/04		6/30/06	5/30/06		reflect ACC date
<b>RI 5-5A Donovan Manor</b>	6/30/04	5/30/04		6/30/06	5/30/06		reflect ACC date

**ATTACHMENT E (ri005e05)**  
**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: The Housing Authority of the City of Newport, Rhode Island</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>RI43P00550103</b> Replacement Housing Factor Grant No: <b>RI43P00550103</b>			<b>Federal FY of Grant:</b> <b>2003</b>
<input type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input checked="" type="checkbox"/> <b>Revised Annual Statement 1</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations	0	55,433		
3	1408 Management Improvements	215,500	215,500	125,500	
4	1410 Administration	197,165	197,165		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	219,892	0		
10	1460 Dwelling Structures	1,350,917	1,515,376		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,983,474	1,983,474	125,500	
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550103</b> Replacement Housing Factor Grant No: <b>RI43P00550103</b>			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-5A Donovan Manor</b>	A. Install individual apartment thermostats	1460		67,600	67,600			
<b>HA-Wide Management Improvements</b>	A. Security program	1408		90,000	90,000			
	B. Resident employment	1408		125,500	125,500	125,500		
<b>RI 5-3 Tonomy Hill</b>	A. Site improvements	1450		219,892	0			
	B. New kitchens	1460		515,187	0			
	C. New bathrooms	1460		440,660	0			
	D. Heating upgrade	1460		229,790	0			
	E. Hot water heaters	1460		97,680	0			
	F. HOPE VI Phase II new units	1460		0	1,447,776			





**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: The Housing Authority of the City of Newport, Rhode Island</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>RI43P00550104</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2004</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations	168,847			
3	1408 Management Improvements	30,000			
4	1410 Administration	149,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	606,088			
10	1460 Dwelling Structures	1,029,039			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,983,474			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550104</b> Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-1</b>								
<b>Park Holm</b>								
<b>RI 5-2</b>								
<b>Chapel Terrace</b>								
<b>RI 5-3</b>	A. New kitchens & bathrooms	1460		1,029,039				
<b>Tonomy Hill</b>	B. Roads	1450		472,614				
	<b>Sub total:</b>			<b>1,501,653</b>				
<b>RI 5-4</b>								
<b>Pond/Edgar</b>								

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: RI43P00550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-5A</b>	A. Replace sidewalks	1450		56,474				
<b>Donovan Manor</b>	<b>Sub total:</b>			<b>56,474</b>				
<b>RI 5-5B</b>	A. Replace sidewalks	1450		77,000				
<b>Chapel/Coddington</b>	<b>Sub total:</b>			<b>77,000</b>				
<b>RI 5-8</b>								
<b>Earl Avenue</b>								
<b>HA-Wide Management Improvements</b>	A. Resident Service Coordinator	1408		30,000				
	<b>Sub total:</b>			<b>30,000</b>				

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00550104</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA-Wide</b>	A. Executive Director salary	1410		19,500				
<b>Admin. Costs</b>	B. Finance Director salary	1410		40,000				
	C. Modernization Director salary	1410		60,000				
	D. Accountant salary	1410		10,000				
	E. Admin. Assistant salary	1410		20,000				
	<b>Sub total:</b>			<b>149,500</b>				
<b>Fees &amp; Costs</b>								
<b>Non-Dwelling Equipment</b>								

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program No: RI43P00550104 Replacement Housing Factor No:					Federal FY of Grant: 2004
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	
RI 5-1 Park Holm							
RI 5-3 Tonomy Hill	6/30/06			6/30/08			
RI 5-4 Pond/Edgar							
RI 5-5A Donovan Manor	6/30/06			6/30/08			
RI 5-5B Chapel/Coddington	6/30/05			6/30/08			
RI 5-8 Earl Avenue							



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>RI43R00550104</b>			Federal FY of Grant: <b>2004</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	8,236			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	8,236			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>RI43R00550104</b>				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-3</b>	Construct new units	1499		8,236				
<b>Tonomy Hill</b>	<b>Sub total:</b>			<b>8,236</b>				

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island	<b>Grant Type and Number</b> Capital Fund Program No: Replacement Housing Factor No: <b>RI43R00550104</b>	<b>Federal FY of Grant: 2004</b>
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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	
<b>RI 5-3 Tonomy Hill</b>	6/30/06			6/30/08			

## **ATTACHMENT H (ri005h05)**

### **PET POLICY**

Pet will be approved in writing by the Housing Authority of the City of Newport, Rhode Island, prior to moving upon Authority grounds. Certificate of annual licensing by the City of Newport will be provided to the Authority prior to the approval of the pet. Resident agrees to abide by all city regulations regarding care and custody of animals.

Resident agrees to have pet neutered or spayed and will provide written veterinary certificate of such to the Authority prior to bringing the animal onto the premises. If the animal is too young, resident agrees to have it neutered or spayed when it reaches a suitable age. Resident will provide written proof of yearly distemper boosters and rabies boosters.

Resident agrees to pay \$75.00 pet deposit. This deposit shall be paid in advance. Pet deposit will be used toward repairs, cleaning treatment for flea infestation, or replacement of any part of resident's apartment or premises damaged by the pet. This deposit is refundable if no damage is done as verified by the Authority after either the pet or the resident vacates the premises.

Cats and dogs will be kept inside the apartment and not allowed to roam freely. They must be walked on a leash at all times and away from the apartment grounds. Pets shall not use common areas inside of building except for the purpose of passing to the outside of the buildings (except for seeing eye dogs).

For cats, resident will provide a litter box which is to be kept sanitary and maintained by the resident. Fecal droppings outside of building shall be picked up and disposed of immediately by pet owner in an area designated by the Authority. Adequate precautions are to be taken to prevent pets from disturbing neighbors (e.g. barking, howling, loud meowing, scratching, biting, etc.).

Resident agrees not to alter the apartment, patio or any other portion of the premises to create an enclosure for an animal.

The types of animals allowed as pets shall be limited as follows: One dog not exceeding 25 lbs. in weight or 15 inches in height, at maturity; or one cat. One pet per resident at any one time. No more than four small, caged birds, i.e. canary, parakeet, finch, etc. Birds must be confined to a cage at all times.

Aquariums may be no larger than 40 gallons and must be sealed against leakage. No gerbils or hamsters. No birds of prey or other dangerous species may be kept.

Visitors or guests are prohibited from bringing any unauthorized pet onto the grounds or into a unit.

In case of emergency or illness, resident will designate someone who will remove the pet from their apartment and be responsible for its care.

If the Authority determines that a pet is a nuisance or threat to the safety or security of person or property, it may request the removal of the pet from the premises. A copy of the Authority's Grievance Procedure will be made available to the resident upon request.

Residents who violate these rules are subject to being required to remove the pet within 30 days of notice by the Authority, and/or eviction.

Those residents who have pets from a previously approved pet program and whose pet was approved to have a maximum weight of 70 pounds, have been grandfathered into the current pet policy.

**ATTACHMENT I (ri005i05)**

**PROJECT-BASED VOUCHER PROGRAM**

HUD has approved project-basing up to 20 Section 8 vouchers. The Newport Housing Authority has obligated 8 of these 20 vouchers to be used in the Harbor House development located within the City of Newport, Rhode Island. Additionally, 275 vouchers were received in connection with the HOPE VI grant award. At minimum, the Authority will seek to project-base 20% of these vouchers. Project basing these units is consistent with the Authority's PHA plan to increase the number of available and affordable housing units in areas other than the north end of the city where the majority of affordable housing units are concentrated.

The Newport Housing Authority will request authorization to project-base 20% of all available Section 8 vouchers.

**ATTACHMENT J (ri005j05)**

**RESIDENT MEMBERS OF THE PHA GOVERNING BOARD**

1. Ms. Elizabeth Fuerte  
elected  
Term of Appointment: June 3, 1998 - June 3, 2002

***NOTE:*** Ms. Fuerte is still serving on the Board. Rhode Island State Law allows Commissioners to continue to serve until a replacement is appointed by the Mayor.

**ATTACHMENT K (ri005k05)**

**MEMBERS OF THE RESIDENT ADVISORY BOARD**

Batey, Frances  
Breen, Melissa  
Cochrane, John  
Davis, Lisa  
Forbert, Kerrie  
Gray, Jean  
Hall, Jade

Haig, Raymond C.  
Harris, Yvette  
Long, Susan  
McDowell, Beverly  
Mulligan, Sylvia  
Santigo, Benjamin

## **ATTACHMENT L (ri005105)**

### **STATEMENT OF PROGRESS IN MEETING THE MISSION AND GOALS OUTLINED IN THE CURRENT 5-YEAR PLAN**

The Authority continues to pursue its mission to provide decent, safe, sanitary and affordable housing and to promote homeownership, economic development, economic self-sufficiency for public housing residents and a living environment free from discrimination and crime.

In an attempt to expand the supply of public housing, the HACN, when eligible, will apply for additional rental vouchers to augment our existing mainstream program. The HACN has received an additional 275 vouchers as replacement units for the net loss of public housing units resulting from the Tonomy Hill HOPE VI grant award.

The HACN recently published PHAS score is 87% designating the Authority a Standard Performer.

The HACN was successful in its application to HUD for a \$20 million HOPE VI grant to replace functionally obsolete units in Tonomy Hill with mixed-income, mixed-finance rental and homeownership units. This program includes an off-site replacement program with a goal of no loss of affordable housing units. Equally important is a provision of the program to expand opportunities for economic independence through the Community and Supportive Services program.

The HACN applied to, and was approved by Rhode Island Housing for tax credits to renovate the Tonomy Hill development in phases.



## **ATTACHMENT M (ri005m05)**

### **COMMUNITY SERVICE REQUIREMENT POLICY**

The Community Service Requirement will be part of the HACN's Annual Plan and each Housing Manager will be responsible for the administration of the requirement in his/her development.

The Housing Manager will review all residents and determine which residents are subject to or exempt from the requirement, and will also monitor the process for determining changes in a person's exempt/non exempt status.

The Housing Manager will also re-verify an adult's exemption status annually.

The Housing Manager will provide the resident who is subject to the Community Service requirement with a "Resident Community Service Time Sheet". This form (confirmation of third-party verification) will be filled out by the agency for whom the resident is performing the community service and forwarded monthly to the Housing Manager by said agency.

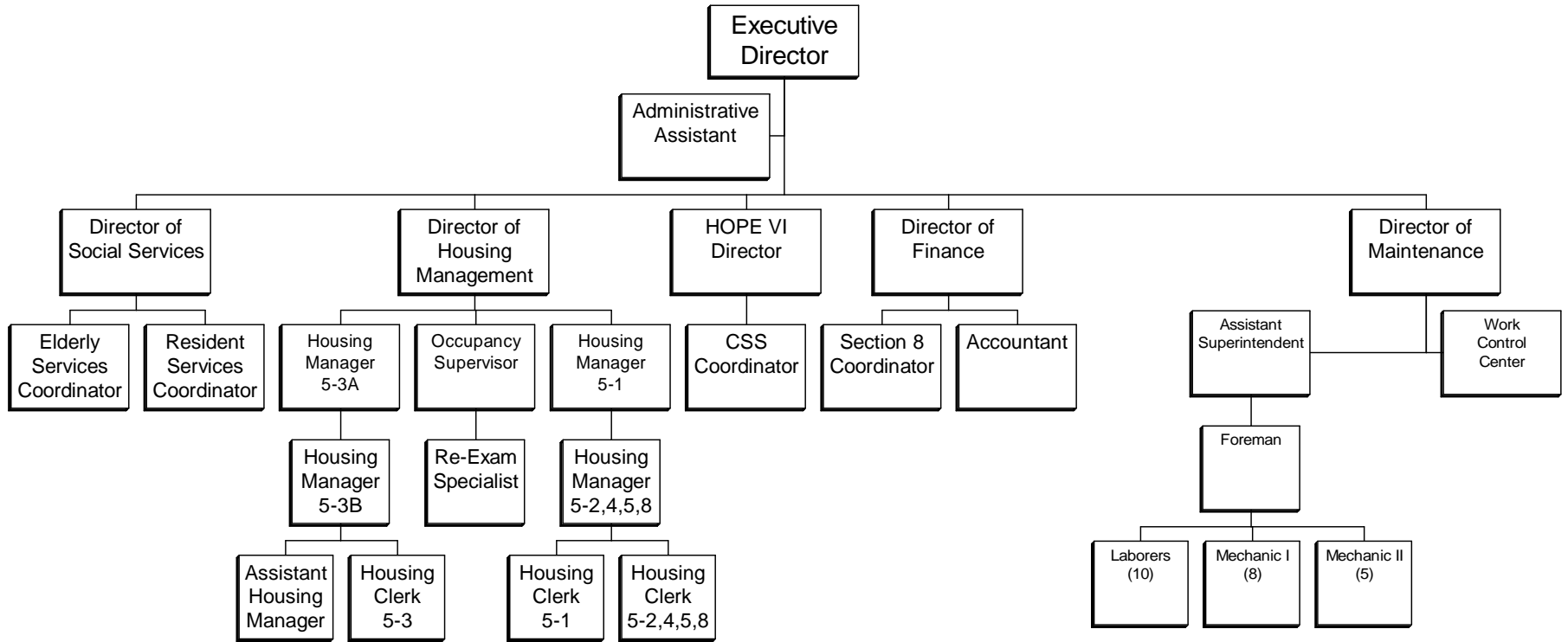
The Housing Manager for each development will monitor the resident's activity for the Community Service requirement on the "Dwelling Unit Community Service Ledger".

The HACN may not renew or extend the lease if a household contains a non-exempt adult who has failed to comply with the community service requirement. The Housing Manager will notify any family found to be in noncompliance of the following:

- The family member(s) that has been determined to be in noncompliance
- That the determination is subject to the grievance procedure
- That unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

The HACN will satisfy the responsibility to comply with non-discrimination and equal opportunity requirements.

**ATTACHMENT N (ri005n005)**  
**PHA MANAGEMENT ORGANIZATION CHART**



**ATTACHMENT O (ri005o05)**

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

**Part I: Summary**

PHA Name Newport Housing Authority		Newport, Newport County, Rhode Island		<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2008
	Annual Statement				
<b>RI 5-1 Park Holm</b>		250,000		822,039	635,127
<b>RI 5-2 Chapel Terr.</b>				225,000	
<b>RI 5-3 Tonomy Hill</b>		1,000,000	1,635,127	300,000	1,000,000
<b>RI 5-4 Pond/Edgar</b>				128,088	
<b>RI 5-5A Donovan Manor</b>		385,127			
<b>RI 5-5B Chapel/Coddington</b>					
<b>RI 5-8 Earl Avenue</b>				160,000	
<b>PHA-wide</b>		348,347	348,347	348,347	348,347
<b>CFP Funds Listed for 5-year planning</b>		<b>1,983,474</b>	<b>1,983,474</b>	<b>1,983,474</b>	<b>1,983,474</b>
<b>Replacement Housing Factor Funds</b>					



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

Activities for Year :  2   
 FFY Grant: 2005  
 PHA FY: 2005

Activities for Year:  3   
 FFY Grant: 2006  
 PHA FY: 2006

<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>Administration</b>	Executive Dir. salary	19,500			
	Finance Dir. salary	40,000			
	Mod. Dir. salary	60,000			
	Accountant salary	10,000			
	Admin. Asst. salary	20,000			
	<b>Sub total:</b>	<b>149,500</b>			
<b>H/A Wide</b>	Operations	168,847			
	<b>Sub total:</b>	<b>168,847</b>			
<b>Total CFP Estimated Cost</b>		\$continued			\$continued

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

Activities for Year : 4  
 FFY Grant: 2007  
 PHA FY: 2007

Activities for Year: 5  
 FFY Grant: 2008  
 PHA FY: 2008

<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>RI 5-1</b>	Re-roof building	691,039	<b>RI 5-1</b>	Re-roof buildings	635,127
<b>Park Holm</b>	Replace commodes	131,000	<b>Park Holm</b>	<b>Sub total:</b>	<b>635,127</b>
	<b>Sub total:</b>	<b>822,039</b>			
<b>RI 5-2</b>	Basement seepage	150,000	<b>RI 5-3</b>	New kitchen/bathrooms	1,000,000
<b>Chapel Terrace</b>	Landscaping	75,000	<b>Tonomy Hill</b>	<b>Sub total:</b>	<b>1,000,000</b>
	<b>Sub total:</b>	<b>225,000</b>			
<b>RI 5-3</b>	Site improvements	300,000	<b>Management</b>	RSC	30,000
<b>Tonomy Hill</b>	<b>Sub total:</b>	<b>300,000</b>	<b>Improvements</b>	<b>Sub total:</b>	<b>30,000</b>
<b>RI 5-4</b>	Smoke detectors	30,000			
<b>Pond/Edgar</b>	Site lighting	48,088			
	Storm drain upgrades	50,000			
	<b>Sub total:</b>	<b>128,088</b>			
			<b>Administration</b>	Executive Dir. salary	19,500
				Finance Dir. salary	40,000
<b>RI 5-8</b>	Replace siding	100,000		Mod. Dir. salary	60,000
<b>Earl Avenue</b>	Interior painting	20,000		Accountant salary	10,000
	Replace generator	40,000		Admin. Asst. salary	20,000
	<b>Sub total:</b>	<b>160,000</b>		<b>Sub total:</b>	<b>149,500</b>
<b>Total CFP Estimated Cost</b>		\$continued			\$continued

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year :   4    
 FFY Grant: 2007  
 PHA FY: 2007

Activities for Year:   5    
 FFY Grant: 2008  
 PHA FY: 2008

<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>Management</b>	RSC	30,000	<b>H/A Wide</b>	Operations	168,847
<b>Improvements</b>	<b>Sub total:</b>	<b>30,000</b>		<b>Sub total:</b>	<b>168,847</b>
<b>Administration</b>	Executive Dir. salary	19,500			
	Finance Dir. salary	40,000			
	Mod. Dir. salary	60,000			
	Accountant salary	10,000			
	Admin. Asst. salary	20,000			
	<b>Sub total:</b>	<b>149,500</b>			
<b>H/A Wide</b>	Operations	168,847			
	<b>Sub total:</b>	<b>168,847</b>			
<b>Total CFP Estimated Cost</b>					

**ATTACHMENT P (ri005p05)**

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

**Part I: Summary**

PHA Name Newport Housing Authority		Newport, Newport County, Rhode Island		<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2008
	Annual Statement				
<b>RI 5-3 Tonomy Hill</b>		8,236	8,236	8,236	8,236
CFP Funds Listed for 5-year planning					
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>			Activities for Year: <u>3</u>		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<b>RI 5-3</b>	Construct new units	8,236	<b>RI 5-3</b>	Construct new units	8,236
Annual	<b>Tonomy Hill</b>	<b>Sub total:</b>	<b>8,236</b>	<b>Tonomy Hill</b>	<b>Sub total:</b>	<b>8,236</b>
Statement						
	<b>Total CFP Estimated Cost</b>		\$continued			\$continued

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

Activities for Year : 4  
FFY Grant: 2007  
PHA FY: 2007

Activities for Year: 5  
FFY Grant: 2008  
PHA FY: 2008

Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
RI 5-3	Construct new units	8,236	RI 5-3	Construct new units	8,236
Tonomy Hill	<b>Sub total:</b>	<b>8,236</b>	Tonomy Hill	<b>Sub total:</b>	<b>8,236</b>
<b>Total CFP Estimated Cost</b>		\$continued			\$continued

## ATTACHMENT Q (ri005q05)

### NEWPORT RESIDENT COUNCIL (RAB) COMMENTS

**TO:** Housing Authority of the City of Newport (HACN)  
**FROM:** Newport Residents Council (NRC)  
**RE:** Proposals/Comments regarding the 2004 Annual Plan  
**DATE:** January 06, 2004

On behalf of the Newport Resident Council we would like to thank Mr. Marvelle and HACN commissioners for taking the time to listen to and respond to the concerns expressed by the residents at the public hearing held on January 5, 2004 at the Florence Gray Center in regard to the PHA FY 2004 Annual Plan.

The Newport Resident Council expresses the following concerns , suggestions and requests:

- a) In the 2004 fiscal year the HACN consider lowering the age of eligibility for some of its elderly designated facilities (i.e. Donovan Manor) from age 62 to 55 (near elderly).
- b) In the 2004 fiscal year the HACN assess whether it would be useful and appropriate to begin a Family Self-Sufficiency Program (FSS) and/or a Section 8 Homeownership Program. This seems particularly timely in light of the HACN's long-range plans regarding affordable homeownership at the Tonomy Hill site.
- c) That the HACN consider an income disregard for working families as an incentive to work (e.g. \$1.00 per hour or some flat monthly amount - \$100.00) The NRC believes this would make an important contribution in the HACN efforts to promote mixed income housing and provide incentives to working families. It is particularly appropriate now that the HUD mandated disregard has expired for many residents.
- d) The NRC is concerned about the freeze that has been in place regarding transfers, particularly those needed for medical reasons or severe overcrowding. It is causing considerable hardship to some families. The NRC recognizes that the HACN has HOPE VI relocation needs but urges the HACN to develop a more flexible transfer policy to accommodate needy families.
- e) That the HACN support the Newport Resident Council in its efforts to secure third party grants to support their organization.

We look forward to our continuing association with the HACN and appreciate that input is considered and desired.

## ATTACHMENT R (ri005r05)

### NEWPORT HOUSING AUTHORITY RESPONSES TO RAB COMMENTS

The Board of Commissioners of the Housing Authority of the City of Newport received and reviewed the Newport Resident Council (RAB) Comments with regard to the FY 2004 Annual Plan and responded as follows:

*RAB Comment:*

- a) In the 2004 fiscal year the HACN consider lowering the age of eligibility for some of its elderly designated facilities (i.e. Donovan Manor) from age 62 to 55 (near elderly).

*NHA Response:*

Study for one year and determine what action to take.

*RAB Comment:*

- b) In the 2004 fiscal year the HACN assess whether it would be useful and appropriate to begin a Family Self-Sufficiency Program (FSS) and/or a Section 8 Homeownership Program. This seems particularly timely in light of the HACN's long-range plans regarding affordable homeownership at the Tonomy Hill site.

*NHA Response:*

Will be part of ongoing activities in Tonomy Hill with HOPE VI and then a determination will be made if programs need to be implemented Authority-wide.

*RAB Comment:*

- c) That the HACN consider an income disregard for working families as an incentive to work (e.g. \$1.00 per hour or some flat monthly amount - \$100.00) The NRC believes this would make an important contribution in the HACN efforts to promote mixed income housing and provide incentives to working families. It is particularly appropriate now that the HUD mandated disregard has expired for many residents.

*NHA Response:*

Study the cost effect additional income incentives will have on HACN operations.

*RAB Comment:*

- d) The NRC is concerned about the freeze that has been in place regarding transfers, particularly those needed for medical reasons or severe overcrowding. It is causing considerable hardship to some families. The NRC recognizes that the HACN has HOPE VI relocation needs but urges the HACN to develop a more flexible transfer policy to accommodate needy families.

*NHA Response:*

HACN will do its best to accommodate transfer requests where possible during the HOPE VI relocation activities.

*RAB Comment:*

- e) That the HACN support the Newport Resident Council in its efforts to secure third party grants to support their organization.

*NHA Response:*

HACN will NRC request on a case by case basis and provide appropriate support.

ATTACHMENT S (ri005s05)  
**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: RI43P00550203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	84,137			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	336,551			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	420,688			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority of the City of Newport, Rhode Island		Grant Type and Number Capital Fund Program Grant No: RI43P00550203 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>RI 5-3</b>	A. New kitchens	1460		336,551				
<b>Tonomy Hill</b>	<b>Sub total:</b>			<b>336,551</b>				
<b>Operations</b>	A. Professional Services	1406		84,137				
	<b>Sub total:</b>			<b>84,137</b>				

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

PHA Name: <b>The Housing Authority of the City of Newport, Rhode Island</b>	Grant Type and Number Capital Fund Program No: <b>RI43P00550203</b> Replacement Housing Factor No:	Federal FY of Grant: <b>2003</b>
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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	
<b>RI 5-3 Tonomy Hill</b>	3/31/06			3/31/07			