

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 7/1/2001 through 6/30/2002

**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: Elkton Housing Authority

PHA Number: MD016

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: Cynthia A. Osborne

Phone: 410-398-5018

TDD: n/a

Email (if available): dfelix@iximd.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 2001**

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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- Attachment B : Capital Fund Program Annual Statement
- Attachment C : Capital Fund Program 5 Year Action Plan
- Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D : Resident Membership on PHA Board or Governing Body
- Attachment E : Membership of Resident Advisory Board or Boards
- Attachment F : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

At this time, we elect not to include this information as it is optional.

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

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

EHA is in the process of reviewing resident comments on it's draft Pet Ownership Policy for family developments. Resident comments are due no later than 9/17/01, the Board of Commissioners should review and adopt final policy on 9/25/01, to become effective 11/1/01.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 283,932.00

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

- 1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- 2. If yes, the comments are Attached at Attachment (File name)
- 3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - Yes No: below or
 - Yes No: at the end of the RAB Comments in Attachment _____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA’s consideration is included at the at the end of the RAB Comments in Attachment _____.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: State of Maryland
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: NONE

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Elkton Housing Authority is required to notify the Resident Advisory Board, the Board of Commissioners, and the U.S. Department of Housing and Urban Development of any "Substantial Deviation" or "Significant Amendment or Modification" to the current Annual Statement. As work progresses, the Housing Authority recognizes that conditions may change from time to time from the original anticipated project, that there may be changes to certain rent and admissions policies, and that there may be need to change programs and activities. The Housing Authority recognizes its duty and responsibility to the residents, Resident Advisory Board, and to the general public to notify them of a substantial deviation or significant amendment or modification in terms.

B. Significant Amendment or Modification to the Annual Plan:

Accordingly, the Housing Authority hereby defines “Substantial Deviation” and “Significant Amendment or Modifications” as actions that cause:

1. Changes to rent or admissions policies or organization of the waiting list;
2. Additions of non-emergency work items (items not included in the current reserve funds under the Capital Program;
3. Additions of new activities not previously included in the current PHDEP Plan, if applicable;
4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Yes	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
Yes	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Yes	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Yes	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	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
Yes	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Yes	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
Yes	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Yes	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
Yes	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Yes	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
Yes	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Yes	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Yes	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
Yes	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elkton Housing Authority		Grant Type and Number Capital Fund Program: MD06P01691299 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<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	232,000.00	190,095.00	60,326.00	60,326.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	62,143.00	104,048.00	23,437.00	23,437.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	294,143.00	294,143.00	83,763.00	83,763.00
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Compliance	23,000.00	2,447.00	2,447.00	2,447.00
23	Amount of line 20 Related to Security	23,000.00	42,447.00	2,447.00	2,447.00

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

PHA Name: Elkton Housing Authority	Grant Type and Number Capital Fund Program: MD06P01691299 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement
 Performance and Evaluation Report for Period Ending: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	134,000.00	110,980.00	0	0

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

PHA Name: Elkton Housing Authority	Grant Type and Number Capital Fund Program: MD06P01650100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Performance and Evaluation Report for Period Ending: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 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	1,000.00		0	0
10	1460 Dwelling Structures	24,000.00		0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elkton Housing Authority		Grant Type and Number Capital Fund Program: MD06P01691299 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<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	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	3,000.00		0	0
13	1475 Nondwelling Equipment	35,388.00		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	279,388.00		0	0
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	0		0	0
23	Amount of line 20 Related to Security	18,000.00			
24	Amount of line 20 Related to Energy Conservation Measures	44,388.00		0	0

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elkton Housing Authority		Grant Type and Number Capital Fund Program: MD06P016501-01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <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	12,832.00		0	0
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00		0	0
10	1460 Dwelling Structures	130,600.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	51,500.00		0	0
12	1470 Nondwelling Structures	73,000.00		0	0
13	1475 Nondwelling Equipment				
14	1485 Demolition	6,000.00		0	0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	283,932.00		0	0
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	10,000.00		0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elkton Housing Authority	Grant Type and Number Capital Fund Program: MD06P016501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/ Emergencies					
<input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security	15,000.00			
24	Amount of line 20 Related to Energy Conservation Measures	99,000.00		0	0

ATTACHMENT 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: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P01691299 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
16-01	Replace Bedroom & Closet Doors	1460	160	55,000.00	33,750.00	33,750.00	33,750.00	Complete
16-02	Replace Bi-fold Closet Doors	1460	82	58,000.00	24,000.00	24,000.00	24,000.00	Complete
16-02	Partial Bathroom Remodel	1460	50	0	2,576.00	2,576.00	2,576.00	Complete
16-02	Bal. To replace automatic doors	1470	2	23,000.00	2,447.00	2,447.00	2,447.00	Complete
16-02	Retro Fit Existing Sprinkler System	1470	1	0	80,390.00	20,990.00	20,990.00	Phase I Complete
16-02	Replace Switches, Receptacles & Panels	1460	all	35,000.00	29,769.00	0	0	Pending
16-02	Replace Rooftop Exhaust Fans	1470	10	15,000.00	14,450.00	0	0	Pending
16-02	Replace Galvanized Pipe Drains/Clean out	1460	all	54,000.00	60,000.00	0	0	Pending
16-02	Add Firestopping Penetration	1460	As above	6,000.00	0	0	0	Included above
16-02	Rod & Clean Drain System	1460	As above	2,143.00	0	0	0	Included above
16-02	Replace switches, receptacles & GFIs	1460	all	30,000.00	0	0	0	Done in '98 Grant
16-02	Paint Hallways & Common Areas	1470	all	10,000.00	0	0	0	Done in Operating Budget

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

PHA Name: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P01691299 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
16-02	Repair Cracks in Block Walls	1470	all	6,000.00	0	0	0	Done in Operating Budget
16-02	Replace Tile & Insulation after Plumbing	1470	all	0	6,761.00	0	0	Pending
16-01,02,03	Replace Door Locks	1460	all	0	40,000.00	0	0	Pending

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P01691299 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

ATTACHMENT 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: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P01650100 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
16-02	Install New Security Camera/Alarms	1475		18,000.00				Pending
16-02	Replace Kitchen Cabinets & Sinks	1460	50 units	65,000.00				Pending
16-02	Install new carpet & baseboards	1460	50 units	60,000.00				Pending
16-02	Change Electric Panels/add kitchen receptacles	1460	50 units	40,000.00				Pending
16-02	Replace ceramic floor & wall tiles in bathrooms	1460	50 units	75,000.00				Pending
16-02	Boiler Room-paint floors/walls upgrade lights	1470		3,000.00				Pending
16-02	Replace elevator hydraulics/operators/cyl	1475		9,000.00				Pending
16-02	Upgrade electrical switch gear to code	1475		4,388.00				Pending
16-02	Upgrade telephone systems & equipment	1475		4,000.00				Pending
16-02	Blacktop and/or seal driveways and common areas	1450		1,000.00				Pending

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P016501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
16-01	New Refrig. & Stoves	1465.1	100	45,000.00		0	0	Pending
16-01	Repair/Re-roof sheds & porches, paint sheds	1470	50	35,000.00		0	0	Pending
16-01	Repairs to Community Bldg. Roof	1470	1	18,000.00		0	0	Pending
16-01	Vinyl Siding Repairs @ Community Bldg.	1470	1	4,000.00		0	0	Pending
16-02	Replace Roof A/C, Add new lines	1460	1	10,000.00		0	0	Pending
16-02	Replace old switches/recept. Plates	1460	50	40,000.00		0	0	Pending
16-02	Replace Unit Entry Doors	1460	50	46,000.00		0	0	Pending
16-02	Change Gate valves throughout Bldg	1460	all	9,000.00		0	0	Pending
16-02	Install heaters in Public Restrooms	1460	2	6,500.00		0	0	Pending
16-02	Replace Sump Pumps	1465.1	2	6,500.00		0	0	Pending
16-02	Install Louver Vents, Paint Floor	1460	1	4,100.00		0	0	Pending
16-03	Sidewald Repairs/ HDC Curb Cuts	1450	200 ln. Ft.	10,000.00		0	0	Pending
16-03	Repairs to Community Bldg. Roof	1470	1	12,000.00		0	0	Pending
16-03	Replace Windows @ Community Bldg.	1470	8	4,000.00		0	0	Pending
16-03	Replace Door & Shed Locks	1460	all	15,000.00		0	0	Pending
16-ALL	Misc. Demolition	1485	All	6,000.00		0	0	
ADMIN	Administrative Fees	1410	All	12,832.00		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: Elkton Housing Authority			Grant Type and Number Capital Fund Program #: MD06P016501-01 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

ATTACHMENT 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: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P01691299 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All	12/31/01	12/31/01		03/31/02	03/31/02		Not Revised

ATTACHMENT 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: Elkton Housing Authority		Grant Type and Number Capital Fund Program #: MD06P01650100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All	6/30/02			9/30/02			

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

PHA Name: Elkton Housing Authority	Grant Type and Number Capital Fund Program #: MD06P016501-01 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2001
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All	12/31/02			03/31/03			Not Revised

ATTACHMENT C

Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
16-01	Windsor Village	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade appliances, refridg. & stoves	45,000.00	04/01/2002
Repairs/re-roof sheds & porches, paint sheds	35,000.00	04/01/2002
Repairs to community building roof	18,000.00	04/01/2002
Vinyl siding Repairs	4,000.00	04/01/2002
Renovations to community building	10,500.00	04/01/2004
Replace gas meters and piping	10,000.00	04/01/2004
Install outside water meter readers	7,500.00	04/01/2004
Blacktop and/or seal driveways and common areas	3,000.00	04/01/2005
Replace Door locks	20,000.00	04/01/2005
Sidewalk repairs and replacement	40,000.00	04/01/2006
Replace alum. Electric wiring with copper-NEC 10 units	80,000.00	04/01/2006
Replace vinyl floor tile 25 units	100,000.00	04/01/2006
Administrative Fees	24,000.00	04/01/2006
Total estimated cost over next 5 years	397,000.00	

CFP 5-Year Action Plan	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	

Development Number	Development Name (or indicate PHA wide)	
16-02	Home for the Elderly	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replace roof a/c, add new lines	10,000.00	04/01/2002
Replace old switches & receptacles	40,000.00	04/01/2002
Replace hallway entrance doors	46,000.00	04/01/2002
Change gate valves throughout building	9,000.00	04/01/2002
Install heaters in public restrooms	6,500.00	04/01/2002
Replace sump pumps	6,500.00	04/01/2002
Install louvers and paint electrical room	4,100.00	04/01/2002
Misc. - demolition	6,000.00	04/01/2002
Administrative Fees	12,832.00	04/01/2002
Repair retaining wall after Main St. Renovation	20,000.00	04/01/2003
Replace gas piping, exhausts and vents (Indry/maint/blr/elev)	13,000.00	04/01/2003
Grounds and site work	10,000.00	04/01/2003
Expansion and upgrade administrative offices	230,500.00	04/01/2003
Repair/waterproof & new heaters – stairwells	21,000.00	04/01/2004
Renovations to front & rear corridors	60,000.00	04/01/2004
Install new blinds in all units	6,000.00	04/01/2004
Upgrades to HVAC throughout building	63,000.00	04/01/2004
Replace kitchen flooring in all units	10,000.00	04/01/2004
Renovations to laundry/storage/misc. rooms	50,000.00	04/01/2004
Misc. demolition	15,000.00	04/01/2004
Replace accoustical ceilings	18,000.00	04/01/2004
Paint unit ceilings and walls	45,000.00	04/01/2005
Replace appliances (refrigerators/stoves)	45,000.00	04/01/2005
Renovate screen porch to enclose	16,000.00	04/01/2005
Replace buildings exterior doors	9,500.00	04/01/2005
Install central a/c in halls and common areas	21,000.00	04/01/2005
Recondition or replace trash compactor	20,000.00	04/01/2005
Replace swinging doors in units	17,000.00	04/01/2005
Pressure clean/caulk and repoint brick	15,000.00	04/01/2005
Misc. demolition	25,000.00	04/01/2005
Replace door locks	5,000.00	04/01/2005
Total estimated cost over next 5 years	875,932.00	

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
16-3	Rudy Park	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Sidewalk repairs, Handicapped curb cuts	10,000.00	04/01/2002
Repairs to community building roofs	12,000.00	04/01/2002
Replace windows at community building	4,000.00	04/01/2002
Replace Unit and shed door locks	15,000.00	04/01/2002
Renovations to community building	10,500.00	04/01/2004
Blacktop and/or seal driveways and common areas	3,000.00	04/01/2005
Repair and blacktop streets	20,000.00	04/01/2005
Sidewalk repairs/replacement	20,000.00	04/01/2006
Total estimated cost over next 5 years	94,500.00	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
Goal(s)	
Objectives	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: Betty Hartman, Octavine Wilson

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): Betty Hartman - 2/1/2005, Octavine Wilson - 2/1/2003

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 Other (explain):

B. Date of next term expiration of a governing board member:

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

Required Attachment E: Membership of the Resident Advisory Board or Boards

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

Kim Hopkins, 300 Rudy Park
Emma Hayes, 405 Elderly Housing
Cathleen Mahek, 335 Windsor Village
Tracy Brown, Section 8

**Attachment F: Comments of the Resident Advisory Board or Boards &
Explanation of PHA Response (must be attached in not included in PHA Plan text)**

No comments at this time.