

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

HOUSING AUTHORITY OF THE CITY OF BEVERLY

**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: Beverly Housing Authority

PHA Number: NJ018

PHA Fiscal Year Beginning: 10/2002

PHA Plan Contact Information:

Name: Gary J Centinaro

Phone (609) 387-0250

TDD:

Email (if available) bha2@Comcast.net

Public Access to Information

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

- Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 2002
 [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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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

N/A

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.

- There are no changes from the previous year's plan.

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? **\$ 90,985.00**

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 **C**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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 Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family’s resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

-
-

5. Safety and Crime Prevention: PHDEP Plan

[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. 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? \$ _____ **0** _____

- 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. 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: (provide name here)

- 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

-

B. Significant Amendment or Modification to the Annual Plan:

-

-

-

-

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
X	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
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents 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 check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8	Annual Plan: Rent Determination

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Administrative Plan	
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <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 	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	resources for PHDEP-funded activities; <ul style="list-style-type: none"> · 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. 	
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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: HOUSING AUTHORITY OF THE CITY OF BEVERLY	Grant Type and Number Capital Fund Program: NJ39PO1850102 CFP 2002 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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X Original Annual Statement (revision no:) **Reserve for Disasters/ Emergencies Revised Annual Statement**

Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	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	90,985			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

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: HOUSING AUTHORITY OF THE CITY OF BEVERLY	Grant Type and Number Capital Fund Program: NJ39PO1850102 CFP 2002 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
---	--	-------------------------------------

X Original Annual Statement (revision no:) **Reserve for Disasters/ Emergencies Revised Annual Statement**

Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	90,985			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF BEVERLY		Grant Type and Number Capital Fund Program #: NJ39PO1850102 CFP 2002 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NJ018-001	Non-Dwelling Structures: Continue in construction of handicapped accessible office building	1470	1	90,985				

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF BEVERLY		Grant Type and Number Capital Fund Program #: NJ39PO1850102 CFP 2002 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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		
X Original statement		Revised statement
Development Number NJ018	Development PHA Wide (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace roofing, gutters, soffit and fascia on all buildings	225,000	2003-2006
Replace sidewalks and curbing	120,000	2004-2006
Replace Office Equipment	15,000	2003
Upgrade and expand computer equipment	6,688	2003
Purchase Tractor and maintenance equipment	13,000	2003
Administration Costs for period	48,000	2003-2006
Architect and Engineering for period	30,000	2003
Resident Training for period	29,064	2004-2006
Total estimated cost over next 5 years	486,752	

PHA Public Housing Drug Elimination Program Plan

NOT APPLICABLE

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						
FY 1998						
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. 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	PHDEP 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	PHDEP 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	PHDEP 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	PHEDEP 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	PHEDEP 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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

-

Required Attachment D: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: Ruby Dreher

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

Elected

Appointed

C. The term of appointment is (include the date term expires): January 2007

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. 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.)

Ruby Dreher

Mary Weiss

John Fuller

Required Attachment __F____:CIAP & CFP 3/31/2002 PROGRESS REPORTS

CIAP 1998 NJ39PO1890398

CIAP 1999 NJ39PO1890499

CFP 2000.NJ39PO18501-00

CFP 2001 NJ38PO18501-01

OMB Approval No. 2577-0044 (exp. 12/31/99)

CIAP Budget/Progress Report
Part I: Summary
 Comprehensive Improvement Assistance Program (CIAP)

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

HA Name HOUSING AUTHORITY OF THE CITY OF BEVERLY	Modernization Project Number NJ39PO1890398	FFY of Grant Approval 1998
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<input type="checkbox"/> Original CIAP Budget		<input type="checkbox"/> Revised CIAP Budget/Revision Number _____		<input checked="" type="checkbox"/> Progress Report for Period Ending 03/30/02		<input type="checkbox"/> Final Progress Report	
Line No.	Summary by Development Account	Total Funds Approved		Total Funds		Obligated	Expended
		Original	Revised				
1	Total Non-CIAP Funds						
2	1406 Operations (may not exceed 10% of line 16)						
3	1408 Management Improvements	76,750.00	76,750.00	56,275.00		68,225.22	
4	1410 Administration	41,757.00	41,757.00	12,525.00		16,150.00	
5	1415 Liquidated Damages						
6	1430 Fees and Costs	53,250.00	89,087.00	93,906.00		93,906.00	
7	1440 Site Acquisition						
8	1450 Site Improvement						
9	1460 Dwelling Structures	767,500.00	370,826.00	391,302.00		391,277.30	
10	1465.1 Dwelling Equipment--Nonexpendable						
11	1470 Nondwelling Structures		360,837.00	385,249.00		42,698.00	
12	1475 Nondwelling Equipment						
13	1485 Demolition						
14	1495.1 Relocation Cost						
15	1498 Mod Used for Development						
16	Amount of CIAP Grant (Sum of lines 2-15)	939,257.00	939,257.00	939,257.00		612,256.52	
17	Amount of line 16 Related to LBP Testing						
18	Amount of line 16 Related to LBP Abatement	200,000.00	220,000.00	243,069.00		243,069.00	
19	Amount of line 16 Related to Section 504 Compliance						
20	Amount of line 16 related to Energy Conservation Measures						

Signature of Executive Director and Date: **X** **03/31/02** **X**

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).
 Signature of Director, Office of Public Housing / ONAP Administrator & Date:

CIAP Budget/Progress Report
Part II: Supporting Pages
 Comprehensive Improvement Assistance Program (CIAP)

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

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NJ018-001	Management Improvements: Part-time Mod coordinator	1408.00	76,750.00	76,750.00	0.00	56,275.00	68,225.22
	Administration: Legal notices, legal fees, other consulting costs	1410.00	41,757.00	41,757.00	0.00	12,525.00	16,150.00
	Fees & Costs: A&E Fees for preparation of plans and specs and const supervision	1430.00	53,250.00	89,087.00	35,837.00	93,906.00	93,906.00
	Dwelling Structures: Replace plaster ceilings	1460.00	300,000.00	117,920.00	(182,080.00)	125,120.00	125,095.30
	GFI's in Kitchens & Baths	1460.00	15,000.00	0.00	(15,000.00)	0.00	0.00
	Abate lead-based paint	1460.00	200,000.00	220,000.00	20,000.00	243,069.00	243,069.00
	Upgrade bathrooms (Continuation of 1997 work item)	1460.00	40,000.00	32,906.00	(7,094.00)	23,113.00	23,113.00
	Upgrade kitchens	1460.00	212,500.00	0.00	(212,500.00)	0.00	
	Subtotal of 1460 work items		767,500.00	370,826.00	(396,674.00)	391,302.00	391,277.30
	Non-Dwelling Structures: Construct Handicapped accessible office building	1470.00	0.00	360,837.00	360,837.00	385,249.00	42,698.00
	TOTAL COSTS		939,257.00	939,257.00	0.00	939,257.00	612,256.52

CIAP Budget/Progress Report

Part III: Implementation Schedule
 Comprehensive Improvement Assistance Program (CIAP)

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

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
	NJ018-001	1-31-99	03-31-2000		3-31-2000	09-30-2000		3-31-2001	12/31/2001

Note: Additional time is requested to complete A&E on handicapped accessible building design and construction.

CIAP Budget/Progress Report
Part I: Summary

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

Comprehensive Improvement Assistance Program (CIAP)

HA Name HOUSING AUTHORITY OF THE CITY OF BEVERLY	Modernization Project Number NJ39P01890499	FFY of Grant Approval 1999
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Original CIAP Budget Revised CIAP Budget/Revision Number _____ Progress Report for Period Ending 03/31/02 Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements	10,200.00			
4	1410 Administration	12,800.00			
5	1415 Liquidated Damages				
6	1430 Fees and Costs	6,876.00		7,850.00	6,995.00
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures	98,235.00		95,326.89	87,326.89
10	1465.1 Dwelling Equipment--Nonexpendable				
11	1470 Nondwelling Structures			24,934.11	
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	Amount of CIAP Grant (Sum of lines 2-15)	128,111.00		128,111.00	94,321.89
17	Amount of line 16 Related to LBP Testing				
18	Amount of line 16 Related to LBP Abatement				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director and Date: **X** **03/31/02** **X**

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).
Signature of Director, Office of Public Housing / ONAP Administrator & Date:

CIAP Budget/Progress Report
Part II: Supporting Pages
 Comprehensive Improvement Assistance Program (CIAP)

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

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NJ018-001	Management Improvements: Part-time Modernization coordinator	1408.00	10,200.00				
	Administration: Legal notices, legal fees, other consulting costs	1410.00	12,800.00				
	Fees & Costs: A&E Fees for preparation of plans and specifications and construction	1430.00	6,876.00			7,850.00	6,995.00
	Dwelling Structures: Electrical upgrade - electrical panel, meter and panels	1460.00	98,235.00			95,326.89	87,326.89
	Construct handicapped accessible office building	1470.00	0.00			24,934.11	
	TOTAL COSTS		128,111.00			128,111.00	94,321.89

CIAP Budget/Progress Report

Part III: Implementation Schedule
 Comprehensive Improvement Assistance Program (CIAP)

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

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
	NJ018-001	3-31-2000			9-30-2001			9-30-2002	

CFP Budget/Progress Report
Part I: Summary
Capital Fund Program (CFP)

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

HA Name HOUSING AUTHORITY OF THE CITY OF BEVERLY	Modernization Project Number NJ39P01850100	FFY of Grant Approval 2000
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<input type="checkbox"/> Original CIAP Budget <input type="checkbox"/> Revised CIAP Budget/Revision Number _____ <input checked="" type="checkbox"/> Progress Report for Period Ending 03/30/02 <input type="checkbox"/> Final Progress Report					
Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements				
4	1410 Administration	12,000.00		12,000.00	
5	1411 Audit Costs	500.00		500.00	
6	1430 Fees and Costs	1,500.00		1,500.00	2,250.00
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures				
10	1465.1 Dwelling Equipment--Nonexpendable				
11	1470 Nondwelling Structures	107,688.00		107,688.00	
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	Amount of CIAP Grant (Sum of lines 2-15)	121,688.00		121,688.00	2,250.00
17	Amount of line 16 Related to LBP Testing				
18	Amount of line 16 Related to LBP Abatement				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director and Date: _____

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator & Date: _____

X 03/31/02 **X**

CFP Budget/Progress Report
Part II: Supporting Pages
 Capital Fund Program (CFP)

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

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NJ018-001	Administration: Legal notices, legal fees, other consulting costs	1410.00	12,000.00			12,000.00	
	Audit	1411.00	500.00			500.00	
	Fees & Costs: A&E Fees for preparation of plans and specifications and construction	1430.00	1,500.00			1,500.00	2,250.00
	Nondwelling Structures: Construct handicapped accessible office building	1470.00	107,688.00			107,688.00	
	TOTAL COSTS		121,688.00			121,688.00	2,250.00

CFP Budget/Progress Report
Part III: Implementation Schedule
Capital Fund Program (CFP)

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

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
	NJ018-001	3-31-2001			9-30-2002			9-30-2003	

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

PHA Name: HOUSING AUTHORITY OF THE CITY OF BEVERLY	Grant Type and Number Capital Fund Program Grant No: NJ39PO1850101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no.)
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 03/31/2002		<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-CGP Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	12,000.00	-	12,000.00	-
5	1411 Audit	500.00	-	500.00	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	7,500.00	-	7,500.00	7,500.00
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	-	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	103,666.00	-	103,666.00	-
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)	\$ 123,666.00	\$ -	\$ 123,666.00	\$ 7,500.00
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	-	-	-	-

Required Attachment __G__ : Component 10(b) Voluntary Conversion Initial Assessment.

- a. How many of the PHA's developments are subject to the required Initial Assessments? All
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly⁶ and/or disabled developments not general occupancy projects)? None
- c. How many Assessments were conducted for the PHA's covered developments? One
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None