

**Public Meeting on HUD PHA Annual Plan,
5-Year Plan, and Capital Fund Plan**
Thursday, February 6, 2025 – 10:00 AM

AGENDA

Annual Plan:

HCV § 9 RFTA → Clarify that RFTA is valid thru the inspection correction timeframe.

HCV §10 Inspection Policies, Housing Quality Standards (HQS) - HQS will be replaced in the coming year with NSPIRE-V protocol as determined by HUD.

HCV §3 & ACOP §3 Taking Applications – Include taking applications online while waiting list is open @ www.sanduskymha.org and note regular business hours for paper applications.

ACOP §10 – Simplification of Pet Policy

ACOP §19 – SMOKE FREE - Including Vape

ACOP – Draft Policy on Storage of Lithium-Ion Battery Storage in Public Housing

5-Year Plan:

Progress

Goals

Capital Fund:

- Siding to Continue
- Fixed Plan – Permits 10% bump in last 2 years in projected grant amount to allow for fungibility

Public/RAB Comments:

**Civil Rights Certification
(Qualified PHAs)**

Office of Public and Indian Housing

OMB Approval No. 2577-0226

Expires 09/30/2027

**Civil Rights Certification
Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year PHA Plan , hereinafter referred to as" the Plan", of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the fiscal year beginning 07/2025 in which the PHA receives assistance under 42 U.S.C. 1437f and/or 1437g in connection with the mission, goals, and objectives of the public housing agency and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d—4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title II of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and other applicable civil rights requirements and that it will affirmatively further fair housing in the administration of the program. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with the Fair Housing Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, title II of the Americans with Disabilities Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of the program. The PHA will affirmatively further fair housing, which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR § 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR § 903.7(o)(3). The PHA will fulfill the requirements at 24 CFR § 903.7(o) and 24 CFR § 903.15(d). Until such time as the PHA is required to submit an AFH, the PHA will fulfill the requirements at 24 CFR § 903.7(o) promulgated prior to August 17, 2015, which means that it examines its programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction’s initiatives to affirmatively further fair housing that require the PHA’s involvement; and maintains records reflecting these analyses and actions.

Sandusky Metropolitan Housing Authority

OH054

PHA Name

PHA Number/PHA Code

Name of Executive Director: **MR Ralph Chamberlain**

Name of Board Chairperson: **Marsha Overmyer**

Signature: Date:

Signature: Date:

Executive Director Signature:

Board Chairperson Signature:

The United States Department of Housing and Urban Development is authorized to collect the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality. The information is collected to ensure that PHAs carry out applicable civil rights requirements.

Public reporting burden for this information collection is estimated to average 0.16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Form identification: OH054-Sandusky Metropolitan Housing Authority form HUD-50077-CR (Form ID - 2528) for CY 2025 printed by Ralph Chamberlain in HUD Secure Systems/Public Housing Portal at 01/22/2025 03:28PM EST

C.	Other Document and/or Certification Requirements.
C.1	<p>Significant Amendment or Modification. Provide a statement on the criteria used for determining a significant amendment or modification to the 5-Year Plan.</p> <p>With exceptions allowed for actions due to changes in HUD regulatory requirements, SMHA considers significant amendments or modification: changes to rent or admission policies or organization of the waiting list(s); those that involved a reallocation of more than 25% of the Capital Funds by Sandusky MHA (excepting reallocations mandated by statute or HUD regulation). In addition to the criteria established by Sandusky MHA for the purposes of the Capital Fund Program, a proposed demolition, disposition, homeownership program, RAD Conversion, Capital Fund Financing, development, or mixed finance proposal are considered by HUD to be significant amendments to the 5-year action plan based on the Capital Fund Final Rule.</p>
C.2	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) have comments to the 5-Year PHA Plan? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>(b) If yes, comments must be submitted by the PHA as an attachment to the 5-Year PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations</p>
C.3	<p>Certification by State or Local Officials.</p> <p>Form HUD-50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
C.4	<p>Required Submission for HUD FO Review.</p> <p>(a) Did the public challenge any elements of the Plan? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>(b) If yes, include Challenged Elements.</p>
D.	Affirmatively Furthering Fair Housing (AFFH).
D.1	<p>Affirmatively Furthering Fair Housing. (Non-qualified PHAs are only required to complete this section on the Annual PHA Plan. All qualified PHAs must complete this section.)</p> <p>Provide a statement of the PHA's strategies and actions to achieve fair housing goals outlined in an accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5). Use the chart provided below. (PHAs should add as many goals as necessary to overcome fair housing issues and contributing factors.) Until such time as the PHA is required to submit an AFH, the PHA is not obligated to complete this chart. The PHA will fulfill, nevertheless, the requirements at 24 CFR § 903.7(o) enacted prior to August 17, 2015. See Instructions for further detail on completing this item.</p>

Form identification: OH054-Sandusky Metropolitan Housing Authority form HUD-50075-5Y (Form ID - 2289) printed by Ralph Chamberlain in HUD Secure Systems/Public Housing Portal at 02/05/2025 03:31PM EST

Capital Fund Program - Five-Year Action Plan

Status: Approved

Approval Date: 05/11/2021

Approved By: MURRAY, BRIAN

Part I: Summary						
PHA Name : Sandusky Metropolitan Housing Authority		Locality (City/County & State)				
PHA Number: OH054		<input checked="" type="checkbox"/> Original 5-Year Plan		<input type="checkbox"/> Revised 5-Year Plan (Revision No:)		
A.	Development Number and Name	Work Statement for Year 1 2021	Work Statement for Year 2 2022	Work Statement for Year 3 2023	Work Statement for Year 4 2024	Work Statement for Year 5 2025
	DAY WOODS (OH054000001)	\$114,130.00	\$141,539.00	\$140,344.00	\$155,255.00	\$124,971.00

Part I: Summary						
PHA Name: Sandusky Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. OH12P05450124 Replacement Housing Factor Grant No. Date of CFFP:			FFY of Grant: FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾		
		Original	Revised ⁽²⁾	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$70,884.00	\$70,884.00			
3	1408 Management Improvement					
4	1410 Administration	\$13,990.00	\$13,990.00			
5	1480 General Capital Activity	\$70,000.00	\$70,381.00			
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report

(2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(3) PHAs with under 250 units in management may use 100% of CFP Grants for operations

(4) RHF funds shall be include here

Part I: Summary						
PHA Name: Sandusky Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. OH12P05450124 Replacement Housing Factor Grant No. Date of CFFP:			FFY of Grant: FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾		
		Original	Revised ⁽²⁾	Obligated	Expended	
12	9000 Debt Reserves					
13	9001 Bond Debt Obligation					
14	9002 Loan Debt Obligation					
15	RESERVED					
16	RESERVED					
17	RESERVED					
18a	RESERVED					
18ba	RESERVED					
19	RESERVED					
20	RESERVED					
21	Amount of Annual Grant: (sum of lines 2-20)	\$154,874.00	\$155,255.00			

(1) To be completed for the Performance and Evaluation Report
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations
 (4) RHF funds shall be include here

Part I: Summary					
PHA Name: Sandusky Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. OH12P05450124 Replacement Housing Factor Grant No. Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
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				

Signature of Executive Director /S/ MCJV32	Date 09/10/2024	Signature of Public Housing Director	Date
---	------------------------	---	-------------

(1) To be completed for the Performance and Evaluation Report
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations
 (4) RHF funds shall be include here

Part II: Supporting Pages								
PHA Name: Sandusky Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. OH12P05450124 Replacement Housing Factor Grant No. CFPP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost ⁽²⁾		Status of Work
				Original	Revised ⁽¹⁾	Funds Obligated	Funds Expended	
OH054000001 - DAY WOODS	Administration (Administration (1410)) Description : Administration	1410		\$13,990.00	\$13,990.00			
OH054000001 - DAY WOODS	Operations (Operations (1406)) Description : Operations	1406		\$70,884.00	\$70,884.00			
OH054000001 - DAY WOODS	Siding Replacement on Daywoods Buildings (Dwelling Unit-Exterior (1480)) Description : Approximately 5 buildings	1480		\$70,000.00	\$70,381.00			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Sandusky Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. OH12P05450124 Replacement Housing Factor Grant No. CFPP(Yes/No):			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost ⁽²⁾		Status of Work
				Original	Revised ⁽¹⁾	Funds Obligated	Funds Expended	
	Total:			\$154,874.00	\$155,255.00			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Sandusky Metropolitan Housing Authority				Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ⁽¹⁾
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

(1) Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.