

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

CLAYTON HOUSING AUTHORITY  
CLAYTON, ALABAMA

Small PHA Plan Update  
Annual Plan for Fiscal Year: **2001**

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



**PHA Plan  
Agency Identification**

**PHA Name: THE HOUSING AUTHORITY OF THE TOWN OF CLAYTON**

**PHA Number: AL158**

**PHA Fiscal Year Beginning: (mm/yyyy) 01/2001**

**PHA Plan Contact Information:**

**Name: EARL DYKES, JR.**

**Phone:334-775-8881**

**TDD:334-775-8881**

**Email (if available): chousing@zebra.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 20  
[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 **Contents Page#** 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.

**Annual Plan Information**

<b>Table of Contents</b>	<b>1</b>	
<b>Description of Policy and Program Changes for the Upcoming Fiscal Year</b>	<b>2</b>	
<b>Capital Improvement Needs</b>		<b>2</b>
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<b>Statement of Consistency with Consolidated Plan</b>		<b>5</b>
<b>Criteria for Substantial Deviations and Significant Amendments</b>		<b>5</b>

**Attachments**

- X Attachment A : Supporting Documents Available for Review  
(Available at Housing Authority Office)**
- X Attachment \_\_: Capital Fund Program Annual Statement**
- X Attachment \_\_: Capital Fund Program 5 Year Action Plan**
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement**
- Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan**
- X Attachment B : Resident Membership on PHA Board or Governing Body**
- X Attachment C : Membership of Resident Advisory Board or Boards**
- Attachment \_\_: 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 903.79 (r)]

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

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

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

**The following policies have been changed and adopted in accordance with new HUD rules and regulations: pet policy, ACOP, grievance, community service, and lease.**

**2. Capital Improvement Needs**

[24 CFR Part 903.79 (g)]

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

**A.X 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? \$ 82,461.00**

**C. X 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**

~~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 903.79 (h)]

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

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

**2. Activity Description**

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
<b>1a. Development name:</b>
<b>1b. Development (project) number:</b>
<b>2. Activity type: Demolition Disposition</b>
<b>3. Application status (select one)</b> Approved Submitted, pending approval Planned application
<b>4. Date application approved, submitted, or planned for submission: (DD/MM/YY)</b>

<p><b>5. Number of units affected:</b></p> <p><b>6. Coverage of action (select one)</b>                  Part of the development                  Total development</p>
<p><b>7. Relocation resources (select all that apply)</b>                  Section 8 for     units                  Public housing for     units                  Preference for admission to other public housing or section 8                  Other housing for     units (describe below)</p>
<p><b>8. Timeline for activity:</b>                  a. Actual or projected start date of activity:                  b. Actual or projected start date of relocation activities:                  c. Projected end date of activity:</p>

**4. Voucher Homeownership Program**

[24 CFR Part 903.79 (k)]

**A. Yes X 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.**

**Yes X 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 903.79 (r)]

**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) State of Alabama

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)

- X 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.
- X 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)

**PHA Requests for support from the Consolidated Plan Agency**

**Yes X 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) This housing authority will continue to provide decent, safe and sanitary housing. We will not discriminate against any person who qualifies for housing under our current policies. We will continue to operate under HUD rules and regulations.**

**C. Criteria for Substantial Deviation and Significant Amendments**

**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 HUD review before implementation.

**B. Significant Amendment or Modification to the Annual Plan: There has been no significant amendment or modification to the annual plan.**



**Attachment A**  
**Supporting Documents Available for Review**

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	<b>PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations</b>	<b>5 Year and Annual Plans</b>
<b>X</b>	<b>State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)</b>	<b>5 Year and Annual Plans</b>
<b>X</b>	<b>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.</b>	<b>5 Year and Annual Plans</b>
<b>X</b>	<b>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</b>	<b>Annual Plan: Housing Needs</b>
<b>X</b>	<b>Most recent board-approved operating budget for the public housing program</b>	<b>Annual Plan: Financial Resources</b>
<b>X</b>	<b>Public Housing Admissions and (Continued) Occupancy Policy (A&amp;O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]</b>	<b>Annual Plan: Eligibility, Selection, and Admissions Policies</b>
<b>X</b>	<b>Any policy governing occupancy of Police Officers in Public Housing</b> <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	<b>Annual Plan: Eligibility, Selection, and Admissions Policies</b>
<b>X</b>	<b>Section 8 Administrative Plan</b>	<b>Annual Plan: Eligibility, Selection, and Admissions Policies</b>
<b>X</b>	<b>Public housing rent determination policies, including the method for setting public housing flat rents</b> <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	<b>Annual Plan: Rent Determination</b>
<b>X</b>	<b>Schedule of flat rents offered at each public housing development</b> <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	<b>Annual Plan: Rent Determination</b>

Applicable & On Display	Supporting Document	Related Plan Component
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X 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
	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

Applicable & On Display	Supporting Document	Related Plan Component
	<b>Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)</b>	<b>Annual Plan: Homeownership</b>
<b>X</b>	<b>Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies</b>	<b>Annual Plan: Community Service &amp; Self-Sufficiency</b>
	<b>FSS Action Plan/s for public housing and/or Section 8</b>	<b>Annual Plan: Community Service &amp; Self-Sufficiency</b>
	<b>Section 3 documentation required by 24 CFR Part 135, Subpart E</b>	<b>Annual Plan: Community Service &amp; Self-Sufficiency</b>
	<b>Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports</b>	<b>Annual Plan: Community Service &amp; Self-Sufficiency</b>
	<b>The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report</b>	<b>Annual Plan: Safety and Crime Prevention</b>
	<b>PHDEP-related documentation:</b> <ul style="list-style-type: none"> <li>• <b>Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</b></li> <li>• <b>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);</b></li> <li>• <b>Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</b></li> <li>• <b>Coordination with other law enforcement efforts;</b></li> <li>• <b>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</b></li> <li>• <b>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.</b></li> </ul>	<b>Annual Plan: Safety and Crime Prevention</b>
<b>X</b>	<b>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</b> <b>X check here if included in the public housing A &amp; O Policy</b>	<b>Pet Policy</b>
<b>X</b>	<b>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</b>	<b>Annual Plan: Annual Audit</b>
	<b>Troubled PHAs: MOA/Recovery Plan</b>	<b>Troubled PHAs</b>
	<b>Other supporting documents (optional) (list individually; use as many lines as necessary)</b>	<b>(specify as needed)</b>

Small PHA Plan Update Page

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Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name: CLAYTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program:AL09P15850100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Gr 2000
X Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disasters/ Emergencies Final Performance and Evaluation Report		Revised Annual Statement (revision no: )	
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	5000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	6000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	3000.00			
10	1460 Dwelling Structures	55961.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	12500.00			
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)	82461.00			

<b>21</b>	<b>Amount of line 20 Related to LBP Activities</b>				
<b>22</b>	<b>Amount of line 20 Related to Section 504 Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>	<b>1000.00</b>			
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>	<b>22000.00</b>			







### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
AL158-1	CLAYTON HOUSING AUTHORITY	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
ADMINISTRATION & FEES AND COST (11000.00) DWELLING STRUCTURES- AC 10 UNITS & COUNTER TOPS (65461.00) MANAGEMENT IMPROVEMENTS- COMPUTER UPDATED (6000.00)	82461.00	2001
ADMINISTRATION & FEES AND COSTS (11000.00) DWELLING STRUCTURES- AC 10 UNITS & FLOOR COVERING (71461.00)	82461.00	2002
ADMINISTRATION & FEES AND COSTS (11000.00) DWELLING STRUCTURES- AC 10 UNITS & PAINT APARTMENTS(71461.00)	82461.00	2003
ADMINISTRATION & FEES AND COSTS (11000.00) DWELLING STRUCTURES- (71461.00)	82461.00	2004
<b>Total estimated cost over next 5 years</b>	<b>329844.00</b>	

## 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.

### Section 2: PHDEP Plan Goals and Budget



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

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

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

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

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							

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

3							
---	--	--	--	--	--	--	--

<b>9170 - Drug Intervention</b>	<b>Total PHDEP Funding: \$</b>
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<b>Goal(s)</b>	
<b>Objectives</b>	

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

<b>9180 - Drug Treatment</b>	<b>Total PHDEP Funding: \$</b>
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<b>Goal(s)</b>	
<b>Objectives</b>	

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

<b>9190 - Other Program Costs</b>	<b>Total PHDEP Funds: \$</b>
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<b>Goal(s)</b>	
<b>Objectives</b>	

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

**Required Attachment B: 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)

Name of resident member(s) on the governing board: JEANNIE MAE ANDERSON

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires):  
11-01-2000 thru 10-30-2005

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: 11-01-2001

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

Ms. Rebecca P. Beasley  
Mayor of the Town of Clayton, Alabama

**Required Attachment C: 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.)**

**GRACIE DEVOSE (Public Housing Resident)  
MARGARET ANN RICHARDS (Public Housing Resident)  
SARAH MONROE (Section 8 Resident)**