

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

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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:** REGIONAL HOUSING AUTHORITY OF LAWRENCE,  
CULLMAN AND MORGAN COUNTIES

**PHA Number:** al-187v.01

**PHA Fiscal Year Beginning:** July, 2001

### PHA Plan Contact Information:

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Email : RHABYRON@AOL.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 Document

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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<input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement	
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<input checked="" type="checkbox"/> Attachment D : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E : Membership of Resident Advisory Board or Boards	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment G : Deconcentration of Poverty and Income Mixing	
Attachment H : Community Service Policy	
Attachment I : Pet Policy	
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Attachment K : Follow-up Plan – Resident Survey and Resident Satisfaction	
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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

The Regional Housing Authority of Lawrence, Cullman and Morgan Counties, (RHA), shall provide and promote adequate affordable housing without discrimination for all residents and applicants. Issues will be approached in an organized way, with the primary goals being to operated as efficiently and effectively as possible.

**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.

**None**

**2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (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? \$384,000.00

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

**(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 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>
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 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 N/A**

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 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 903.7 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 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.
  - X The PHA has participated in any consultation process organized and offered by the Consolidate Plan agency in the development of the Consolidated Plan.
  - X The PA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

- X 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)

Provide affordable, decent and safe housing  
Progress in fair, and nondiscriminatory renting practices  
Reduce lead-based paint hazards

Promote self-sufficiency and anti-poverty strategies  
Promote homeownership  
Pursue financial resources in the community to maximize affordable housing  
Meet or exceed federal income targeting requirements for family admissions

Other: (list below)

3. 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)

Studies and strageies contained in the State of Alabama, Consolidated Plan 2001

## **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:**

**Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plan or policies of the housing authority that fundamental change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.**

#### **B. Significant Amendment or Modification to the Annual Plan:**

**NONE**

**ATTACHMENTS al-187v.01 PLAN 2001**

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year Plan
	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 PA 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
X	Any policy governing occupancy of Police Officers in Public Housing X 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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing rent determination policies, including the method for setting public housing flat rents X 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	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
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> 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
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
X	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the publichousing A &amp; O Policy</p>	Pet Policy
X	<p>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</p>	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)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b> Regional Housing Authority of Lawrence, Cullman and Morgan Counties		<b>Grant Type and Number</b> Capital Fund Program: ALOP187-002 (Holly Pond Project) Capital Fund Program 7/01/01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 6/30/01</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds				Preliminary work only	
2	1406 Operations					
3	1408 Management Improvements	7,000				
4	1410 Administration			-0-	-0-	
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	20,000		-0-	-0-	
8	1440 Site Acquisition					
9	1450 Site Improvement	95,000		-0-	-0-	
10	1460 Dwelling Structures	163,000		-0-	-0-	
11	1465.1 Dwelling Equipment—Nonexpendable	24,000				
12	1470 Nondwelling Structures	85,000		-0-	-0-	
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	3,000				
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	384,000		-0-	-0-	
21	Amount of line 20 Related to LBP Activities	1,900		-0-	-0-	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b> Regional Housing Authority of Lawrence, Cullman and Morgan Counties		<b>Grant Type and Number</b> Capital Fund Program: ALOP187-002 (Holly Pond Project) Capital Fund Program 7/01/01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 6/30/01</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
22	Amount of line 20 Related to Section 504 Compliance	4,000		-0-	-0-	
23	Amount of line 20 Related to Security	45,000				
24	Amount of line 20 Related to Energy Conservation Measures	-0-				

PHA Name: Regional Housing Authority of Lawrence, Cullman and Morgan Counties Annual Statement Part II - 2001		Grant Type and Number Capital Fund Program #: AL0P-187-002 Holly Pond  Capital Fund Program Replacement Housing Factor #:					
Development Number  Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Status of Proposed	Work
				Original	Revised	Funds Obligated	
AL 187-001	New water distribution system	1450	19	65,000		-0-	Preliminary work only
	Add additional parking spaces	1450	03	15,000		-0-	
	Reroofing & attic ventilators	1450	19	40,000		-0-	
	Site Grading	1450	01	10,000		-0-	
	Upgrade HVAC	1460	19	22,000		-0-	
	Water heater	1460	21	20,000		-0-	
	Renovate kitchen	1460	19	20,000		-0-	
	Renovate baths	1460	19	25,000		-0-	
	Replace VCT	1460	19	20,000		-0-	
	Playground Equipment	1450	01	30,000		-0-	
	Community Room with storm shelter w/504 compliance	1470		85,000		-0-	
	Management Improvements	1410		7,000		-0-	
	Replace ranges/refrigerators	1465.1	20	25,000		-0-	
	<b>TOTAL</b>			<b>384,000</b>		<b>-0-</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. duplicate 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>X Original statement</b>	<b>Revised statement</b>		
<b>Development Number 187-002</b>	<b>Development Name wide)</b>	<b>Countryside Acres, Fairview</b>	<b>(or indicate PHA</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace VCT		25,000	7/2002
Build community room w/ storm shelter		85,000	
Replace roofing shingles		10,000	
Renovate kitchens and baths		10,000	
Purchase new ranges and refrigerators		25,000	
Upgrade HVAC units		25,000	
Replace water heaters		17,000	
Replace floor tile		25,000	
Replace playground equipment		28,000	
Add security lighting		4,000	
New water distribution system		45,000	
New playground equipment		23,575	
<b>Total estimated cost over next 5 years</b>		<b>322,575</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. duplicate 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>		
<input checked="" type="checkbox"/> <b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number 187-005</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Chapel Village, Jones Chapel</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Repair WWTP	50,000	7/2003
Replace storm windows with security screens	30,000	
Build community room w/ storm shelter	85,000	
Renovate kitchens and baths	15,000	
Purchase new ranges and refrigerators	18,000	
Upgrade HVAC units	15,000	
Replace water heaters	8,000	
Replace floor tile	30,000	
Replace playground equipment	15,000	
Upgrade concrete parking bays	28,000	
Concrete flume at swale	8,000	
Replace exterior doors	20,000	
Replace roofing shingles	15,124	
<b>Total estimated cost over next 5 years</b>	<b>316,124</b>	


## PHA Public Housing Drug Elimination Program Plan

N/A

**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 \$ \_\_-0-\_\_\_\_\_
- 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)

**D. 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.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
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	
<b>TOTAL PHDEP FUNDING</b>	

**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.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
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>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
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>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
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>		
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>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**ATTACHMENTS: al-187v.01**

**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: Ronald W. Terry

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

Elected

Appointed

C. The term of appointment is (include the date term expires): January, 1998 through January, 2002

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: January, 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position) . The Chairman of the Lawrence County Commission appointed the resident board member. The Chairman's position rotates each year.

**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.)

At least one resident of each subdivision serves on the Advisory Board. Present members are as follows:

- 187-001 Almond Ridge, Moulton, Al. Jean Terry (Lawrence County)
- 187-002 Willow Bend, Holly Pond, Al. Donna Privett (East Cullman County)
- 187-002 Countryside Acres, Cullman, Al. Richard Burks (East Cullman County)
- 187-003 Homestead West, Hartselle, Al. Betty Heflin (West Morgan County)
- 187-005 Chapel Village, Cullman, Al. Mike Wilson (West Cullman County)
- 187-006 Cross Creek, Somerville, Al. Kathy Wilson (East Morgan County)

Required Attachment “F” Comments of Resident Advisory Board

NONE

Required Attachment “G” : Deconcentration Rule (Section XXVI of ACOP)

The objective of the Deconcentration Rule for the Regional Housing Authority of LCM Counties is to ensure that families housed in public housing units are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40 percent of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also, RHA will take actions to insure that no individual development has a concentration of higher income families in one or more developments. To insure that the HA does not concentrate families with higher income levels, it is the goal of the HA not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The HA will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the HA ‘s computer system.



Required Attachment

“J” PHAS SCORING FYE:6/30/00

Public Housing Assessment System Score: 87.1

- (1) FASS Entity Wide Score: 22.9  
Low Rent Score : 19.8  
Maximum Score : 30.0  
(See Audit FYE 2000 for adjustment)
- (2) PASS Net Score : 28.4  
Maximum Score: 30.0
- (3) MASS Actual Score : 30.0  
Maximum Score: 30.0
- (4) RASS Actual Score : 8.9  
Maximum Score: 10.0

Required Attachment :

“K” Follow-up Plan to Resident Survey and Satisfaction Survey

- (II) Communications  
Improvements will be made in the area of communications now that every subdivision will eventually have a community center constructed during its' modernization phase. Prior communication has been difficult due to having to meet as the weather permitted. Meeting with the Resident Advisory Board will be at least every (3) months, if at all possible. Most of our Advisors are gainfully employed and work different shifts. All staff members have been instructed to be courteous and report any residents concerns. Office personnel has been encourage to practice courteous “people skills” and to listen attentively to residents concerns and complaints. Residents meetings will be held once per month at each site. Policies and procedures will be read orally to those that do not know how to read well. Residents will be (and have been) notified of any work, inspections, etc., effecting their subdivisions. Residents are and will be encouraged to call or write whenever they feel an issue needs to be discussed. Most residents do not have area calling on their telephone system, so they are encouraged to call and request that we hang up and call on our system.

Residents have received a list of the Housing Authorities telephone, e-mail, TTD, and fax numbers. They have received the home numbers of the Director and Maintenance Supervisor, in the event of an emergency during nights, weekends, and holidays. They also have the Director's beeper number and the Maintenance Supervisor's cell phone numbers. Residents have been advised that for their convenience, there is one maintenance man on call every weekend, for emergency purposes.

(II) Safety

The Director has talked with a majority of the residents concerning their safety. They are not so much concerned with drug and criminal activities, as they are tornadoes and violent storms. Most of the subdivisions are located in what is known as "tornado alley". There is usually damage to each subdivision when storms and tornadoes pass through. Storm shelters will be constructed beneath the funded community centers where possible. Others will be built with re-enforced walls, using specifications approved by the area emergency management architectural firms.

Other safety precautions, already practiced are as following:

- (1) Changing all locks during a unit turnover
  - a. Instructing residents to keep all doors and windows locked
  - b. Report all suspicious activities
- (4) Keep all areas close to the units well lighted
- (5) Make sure they can observe their children at all times
- (6) Deny admission to those who do not meet legal criteria
- (7) Encourage parents and children to attend drug prevention education classes
- (8) Encourage residents to police their own neighborhood
- (II) Keep an "open" relationship with area deputies and inform them when there maybe a potential problem
- (10) Sponsor drug awareness messages via local radio stations.
- (II) Co-op with local agencies who provide drug awareness and preventative programs.

Required Attachment

“L”

5 Year Plan – Update on Goals

GOALS :

The Housing Authority has been successful in preventing a large percentage of vacancy days. Most vacancy days can be attributed to resident transfers. It appears that customer satisfaction has improved due to being involved in the modernization planning process. And, having their safety concerns being met with the building of storm shelters. Modernization is on schedule and the funds are being expended wisely. Resident Advisors are helping tremendously by keeping the agency advised of security concerns of the residents. Affirmative action measures are monitored on a monthly basis, especially to ensure the deconcentration of poverty and access to public housing. The Director actively assist residents in locating employment and educational grants.