

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 PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHAName:** GreeneCountyHousingAuthority

**PHANumber:** AL -190

**PHAFiscalYearBeginning:** 01/2001

### PHA Plan Contact Information:

Name: Anthony E. Woods

Phone: (205) 372 -3342

TDD: (205) 372 -3343

Email: gcha@dbtech.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 2001**  
[24CFR 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 filename in parentheses in the space to the right of the title.

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**Attachments**

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
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- Attachment E: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment F: Resident Membership on PHA Board or Governing Body
- Attachment G: Membership of Resident Advisory Board or Boards
- Attachment H: 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.ExecutiveSummary**

[24CFRPart903 .79(r)]

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

The Annual Plan which is attached hereto was developed by the Housing Authority of Greene County, hereinafter referred to as the HA in this document and the accompanying Plan, in accordance with the Rules and Regulations promulgated by HUD.

The goals and objectives of this HA are contained in the Five -Year Plan and the ACOP: These were written to comply with the HUD guidelines, rules, regulations, and Federal Law. The basic goal and objectives are:

- 1. Increase the availability of decent, safe, affordable housing in good repair in Eutaw, Alabama.
- 2. The HA will ensure equal opportunity in housing for all Americans.
- 3. The HA will promote self -sufficiency and asset development of families and individuals.
- 4. The HA will take steps to help improve community quality of life and economic vitality.

The HA does not plan to have any deviations from the Five -Year Plan. This plan was written after consultation with necessary parties and entities as provided in the guidelines issued by HUD. All necessary accompanying documents are attached to the document, or are available upon request.

**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.

All Policy or Program changes for the upcoming year are covered in sections of this update.

**2.Capital Improvement Needs**

[24CFRPart903.7 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? \$512,897.00

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.D Demolition and Disposition**

[24CFR Part 903.79(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

<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: (DD/MM/YY)	
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**

[24CFR Part 903.79(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.CapacityofthePHAtoAdministeraSection8HomeownershipProgram**

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- 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.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$48,595.00

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 **E**

**6.OtherInformation**

[24CFRPart903.79(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 (Filename) **H**

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 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: Greene County, 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)

- 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: The HA Plan is supported with no additional actions or commitments.

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

**1. Amendment and Deviation Definitions**

24CFR Part 903.7(r)

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

**A. Substantial Deviation from the 5-year Plan:** The HA does not anticipate any change in its mission statement or methodology of increasing availability of decent, safe and affordable housing, improving community quality of life and economic vitality objectives, promoting self-sufficiency or ensuring equal opportunity in housing.

**B. Significant Amendment or Modification to the Annual Plan:** The HA does not anticipate any change to rent or admissions policies or organization of the waiting list; addition of new non-emergency work items or change in the use of replacement reserve funds under the Capital Fund; addition of new activities in the current PHDEP plan; any policy change related to demolition, disposition, designation, home-ownership programs or conversion activities.

## Attachment A

### Supporting Documents Available for Review

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	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
✓	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
✓	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
✓	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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 <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	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
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
✓	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
✓	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 or submitted public housing home ownership programs/plans	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
✓	PHDEP-related documentation: <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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
✓	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
✓	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

<b>PHAName:</b> GreeneCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgram:AL09P19050100 CapitalFundProgram ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> 2000
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**Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no:      )**  
 **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	\$5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$30,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$477,897.00			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$512,897.00			
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				

<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>				
PHAName: GreeneCountyHousingAuthority		GrantTypeandNumber CapitalFundProgram:AL09P19050100 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2000
<input checked="" type="checkbox"/> OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies		<input type="checkbox"/> RevisedAnnualStatement(revisionno: )
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> FinalPerformanceandE valuationReport		
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost
24	Amountofline20Related toEnergyConservation Measures			

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHAName: GreeneCountyHousingAuthority		GrantType andNumber CapitalFundProgram#:AL09P19050100 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Sundry(Advertising)	1410		\$5,000.00				
HA-Wide	Fees&Costforcontractdocumentation preparation	1430		\$30,000.00				
AL190-001A	Re-paveroadsinBH	1450		\$250,000.00				
AL190-001	RPLshinglesoneachunitinKV	1450		\$75,000.00				
AL190-001A	RPLshinglesonconv.unitsinBH	1450		\$70,000.00				
AL190-001	RPR/RPLfasciaboardsinKV	1450		\$30,000.00				
AL190-001A	RPR/RPLridgeventsonroofsinBH	1450		\$52,897.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Greene County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program #: AL09P19050100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Greene County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program #: AL09P19050100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	09/30/2002			09/30/2003			
HA-Wide	09/30/2002			09/30/2003			
AL190-001A	09/30/2002			09/30/2003			
AL190-001	09/30/2002			09/30/2003			
AL190-001A	09/30/2002			09/30/2003			
AL190-001	09/30/2002			09/30/2003			
AL190-001A	09/30/2002			09/30/2003			

**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>CFP5 -Year Action Plan</b>		
<input checked="" type="checkbox"/> <b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
AL190	HA-Wide 001A-WilliamMcKinleyBranchHeights001 -MartinLutherKingVillage	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Re-pave roads HA -Wide	\$1,500,000.00	01/01/2001
RPL shingles HA -Wide	\$350,000.00	01/01/2001
RPR/RPL fasciaboards in 001 -MartinLutherKingVillage	\$150,000.00	01/01/2001
RPR/RPL ridge vents on roofs in 001A -WilliamMcKinleyBranchHeights	\$150,000.00	01/01/2001
Install Central H/A in all units at 001 -MartinLutherKingVillage	\$275,000.00	01/01/2003
Construct off street parking for all units in 001 -MartinLutherKingVillage	\$250,000.00	01/01/2003
Correct erosion deficiencies HA -Wide	\$500,000.00	01/01/2003
RPL water supply lines HA -Wide	\$1,350,000.00	01/01/2003
<b>Totalestimatedcostovertnext5years</b>	<b>\$4,525,000.00</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 \$** 48,595.00  
**B. Eligibility type (Indicate with an "x")** N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_  
**C. FFY in which funding is requested** 2001

**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. This 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)
Martin Luther King Village	50	200
William McKinley Branch Heights	152	500

**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 \_\_\_\_\_ X

**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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates 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
FY1996x	\$119,500.00	AL09DEP1900196	\$ -0-	N/A	12/01/1996	11/30/1998
FY1997x	\$108,000.00	AL09DEP1900197	\$ -0-	GE	01/01/1999	12/31/2000
FY1998x	\$65,100.00	AL09DEP1900198	\$ -0-	N/A	01/01/1999	12/31/2000
FY1999x	\$46,627.00	AL09DEP1900199	\$46,627.00	N/A	02/01/2000	01/31/2002
FY2000x	\$48,595.00	AL09DEP1900100	\$48,595.00	N/A	10/01/2000	09/30/2002

**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.

Greene County Housing Authority's PHDEP Plan strategically plan to address the specific needs of Residents safety, education, employment, and community pride. The HA will accomplish this through creating and strengthening existing inter-agency partnerships. The Sheriff of Greene County's Sheriff's Department will provide on-site policing. The Executive Director of Greene County's Department of Human Resources will provide listings of potential clients for our Day Care Home Program. The Executive Director of Community Services Programs of West Alabama will provide operating funds for our Day Care Home Program. The Director of Stillman College's Welfare-to-Work Program will continue operation of its on-site Community Learning Center Program, providing the necessary disciplines for employment. The HA will continue its Self-Sufficiency Programs, consisting of the following: 1) After-School Tutorial Program, which has grown from an inconsistent 35 students being in attendance from a year ago to an overwhelming 80 student average. The AST Phas a certified teacher with a Masters in Education Administration as Lead Teacher, and 8 residents as instructors, 4 RSVP, and 6 resident aides. 2) Job Readiness Training is operated through our partnership with Stillman College at the Community Learning Center. The participation in this program has also increased substantially. 3) Computer Training Program is open to adults desiring to acquire, enhance and hone their computer skills. The CTP will soon be implementing a technology course that will enable our youth to have hands on experience with technological projects. This component will ensure student's interest in the technological industry, which will prove beneficial with automotive manufacturers. Adult Education Training is operated through our partnership with the Greene County Board of Education.

The AECourses provide students with the necessary tools for successful completion of GED examinations. Girl Scouts are having a very successful year. We are in the early stages of implementing Boy Scouts program. All of our FSS programs will soon be relocated into our newly constructed Family Life Center, which consists of a gymnasium with multi-purpose flooring, computer lab, fitness center, and four classrooms for instruction.

**B. PHDEP Budget Summary**

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

<b>FFY 2000 PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	\$26,000.00
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	\$20,595.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	\$2,000.00
<b>TOTAL PHDEP FUNDING</b>	<b>\$48,595.00</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.

<b>9120 -Security Personnel</b>					<b>Total PHDEP Funding: \$ 26,000.00</b>		
Goal(s)		Increase police awareness, to ensure residents safety from criminal activity.					
Objectives		Provide residents with all certainty of knowing they as well as their guests are safe and well protected on HA property.					
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Implement Neighborhood Watch			01/01	01/02	\$21,000.00	N/A	Participation
2. Increase resident policing			01/01	01/02	\$2,500.00	N/A	Participation
3. Block Party			01/01	01/02	\$2,500.00	N/A	Participation

<b>9160 -Drug Prevention</b>					<b>Total PHDEP Funding: \$ 20,595.00</b>		
Goal(s)		Provide sound self-sufficiency programs for all residents, and meeting their every need with tools necessary for success.					
Objectives		Increase resident awareness of the enormous amount of opportunities available through drug free living.					
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. After-School Tutorial Program	85	700	01/01	01/02	\$8,500.00	N/A	Participation
2. Youth Sports Program	85	700	01/01	01/02	\$8,595.00	N/A	Participation
3. Computer Training Program	30	700	01/01	01/02	\$3,500.00	N/A	Participation

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds: \$ 2,000.00</b>		
Goal(s)		Accommodate all residents and their varying needs, in our one stop shop for success preparation.					

Objectives	Provider resources and materials needed to continue our successful FSS programs.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Summer Enrichment Program			01/01	01/02	\$1,500.00	N/A	Participation
2. Adult Education Program			01/01	01/02	\$250.00	N/A	Participation
3. Community Learning Center			01/01	01/02	\$250.00	N/A	Participation

**Required Attachment F: 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: Ms. Joyce Henley

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

Elected

Appointed

C. The term of appointment is (include the date term expires): Five Year Term 04/2004

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: 01/14/2001

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

**Required Attachment G: 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.)

Mr. Samuel Winn  
433-B Branch Heights  
Eutaw, Alabama 35462  
(205) 372 -4813

Ms. Lucy Wilder  
223 Branch Heights  
Eutaw, Alabama 35 462

Mr. Joe L. Powell  
110 Branch Heights  
Eutaw, Alabama 35462  
(205) 372 -2607

## **Required Attachment H: Comments of the Resident Advisory Board or Boards**

We are very impressed with the nature and scope of the plan. We agree with what is outlined as standing in need of the HA's attention. We want a safer community and one that we can be proud of.

I'd like to commend the staff for their time and effort in meeting this requirement.