

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: 07/01/2001

Housing Authority of the County of Little River, Arkansas

AR020v02

**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:** Housing Authority of the County of Little River, Arkansas

**PHA Number:** AR020

**PHA Fiscal Year Beginning:** 07/2001

**PHA Plan Contact Information:**

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**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**

[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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**Attachments**

- Attachment A : Supporting Documents Available for Review
- Attachment B : Capital Fund Program Annual Statement
- Attachment C : Capital Fund Program 5 Year Action Plan
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment F: 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)
- Attachment G: Statement of Progress in Meeting 5-Year Plan Mission and Goals

## **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 Little River Housing Authority has an ongoing challenge of providing safe, sanitary, and affordable housing to this rural community. In addition to creating affordable housing units, the PHA is required to meet the changing demands of the changing HUD requirements. This business plan update is designed to demonstrate business and management skills which will increase the PHA's ability to implement effective modernization efforts and complete efficient unit repairs with limited Capital Fund Dollars.

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

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

There are no changes in the policies or programs administered by this agency.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \_\_\_\_\_ \$ 281,480.

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<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**

[24 CFR Part 903.7 9 (k)]

- A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each

program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner 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  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  E

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 E.

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

**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:**

The Housing Authority of the County of Little River, Arkansas will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:

1. Any alteration of the PHA's Mission Statement.
2. Any change or amendment to a stated Strategic Goal.
3. Any change or amendment to a stated Strategic Objective except in a case where the changes results from the objective having been met.
4. Any introduction of a new Strategic Goal or a new Strategic Objective.
5. Any alteration in the Capital Fund Program (CFP) that affects an expenditure greater than twenty percent (20%) of the CFP Annual Budget for that year.

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

In defining the above, the Housing Authority of the County of Little River, Arkansas intends by "Strategic Goal" and "Strategic Objective" specifically those items in its Five Year Plan and any change in the above items will be considered a "substantial deviation" from the plan.

Furthermore, the PHA considers the following changes to require a public process before amending said changes and that these items are "significant amendments or modifications" to the Agency Plan:

1. Changes to rent or admissions policies or organization of the waiting list.
2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

**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 and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<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	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
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> 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
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" 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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	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
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
N/A	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
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<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	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	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> Housing Authority of the County of Little River, Arkansas		<b>Grant Type and Number</b> Capital Fund Program: AR37P02050100 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 7/2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	68,024	-0-	-0-	-0-
3	1408 Management Improvements	-0-	18,584	-0-	-0-
4	1410 Administration	37,385	36,060	27,589	-0-
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	13,000	16,390	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	121,935	169,310	-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	35,550	35,550	-0-	-0-
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)	275,894	275,894	27,589	-0-
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>					
<b>PHA Name:</b> Housing Authority of the County of Little River, Arkansas	<b>Grant Type and Number</b> Capital Fund Program: AR37P02050100 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 7/2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation 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>								
<b>PHA Name: Housing Authority of the County of Little River, Arkansas</b>			<b>Grant Type and Number</b> Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 07/2000		
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	
PHA WIDE	Operations	1406		68,024	-0-	-0-	-0-	
PHA WIDE	Management Improvements	1408						
	Replace Maintenance Vehicle	1408		-0-	18,584	-0-	-0-	
PHA WIDE	Administration:	1410						
	A.) Technical Salaries	1410.2		27,785	26,460	26,460	-0-	
	B.) Benefits	1410.9		8,100	8,100	-0-	-0-	
	C.) Travel Expenditures	1410.10		1,000	1,000	800	-0-	
	D.) Sundry: Advertising	1410.19		500	500	329	-0-	
PHA WIDE	Fees and Costs:	1430						
	Architect/Engineer			13,000	16,390	-0-	-0-	
AR 20-1	DWELLING STRUCTURES:	1460						
	A) Replace GFI's – Kitchen & Bath		30 units	2,100	2,100	-0-	-0-	
	B) Replace Bath Accessories & lav faucets		28 units	6,300	6,300	-0-	-0-	
	C) Replace Interior Doors & Frames		28 units	-0-	37,125	-0-	-0-	
	D) Washing Machine Valve Connections		30 units	-0-	4,050	-0-	-0-	
AR 20-1 cont'd	E) Fluorescent Lights in Kitchens		30 units	-0-	4,650	-0-	-0-	

<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>								
<b>PHA Name: Housing Authority of the County of Little River, Arkansas</b>		<b>Grant Type and Number</b> Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 07/2000			
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	
	F) Tub/Shower Faucet Kits		28 units	-0-	6,750			
	Sub-total			8,400	60,975	-0-	-0-	

<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>								
<b>PHA Name: Housing Authority of the County of Little River, Arkansas</b>		<b>Grant Type and Number</b> Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 07/2000			
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	
AR 20-2	DWELLING STRUCTURES	1460						
	A) Replace GFI's – Kitchen & bath		12 units	700	700	-0-	-0-	
	B) Replace bath accessories & lav. Faucets		9 units	2,025	2,025	-0-	-0-	
	C) Replace Interior doors & frames		9 units	-0-	13,950	-0-	-0-	
AR 20-2 cont'd	D) Washing machine valve connections		10 units	-0-	1,350	-0-	-0-	

<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>								
<b>PHA Name: Housing Authority of the County of Little River, Arkansas</b>			<b>Grant Type and Number</b> Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 07/2000		
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	
	E) Fluorescent lights in kitchen		10 units	-0-	1,550	-0-	-0-	
	F) Tub/Shower Faucet Kits		9 units	-0-	2,700	-0-	-0-	
AR 20-3	DWELLING STRUCTURES	1460						
	A) Replace GFI's – Kit & Bath		12 units	770	770	-0-	-0-	
	B) Lavatory Faucets		11 units	2,475	-0-	-0-	-0-	
	C) A/C for Elderly Units		12 units	15,500	15,500	-0-	-0-	
AR 20-4	DWELLING STRUCTURES	1460						
	A) Replace GFI's – Kit & Bath		24 units	1,680	1,680	-0-	-0-	
	B) Lavatory Faucets		23 units	5,175	-0-	-0-	-0-	
	C) A/C for elderly units		24 units	26,900	26,900	-0-	-0-	
AR 20-5	DWELLING STRUCTURES:	1460						
	A) Replace GFI's – kit & bath		50 units	3,640	3,640	-0-	-0-	
	B) Replace bath accessories & lav faucets		54 units	12,150	-0-	-0-	-0-	
	C) A/C for elderly units		26 units	24,700	24,700	-0-	-0-	
AR 20-6	DWELLING STRUCTURES:	1460						
	A) Replace GFI's – Kit & bath		20 units	1,470	1,470	-0-	-0-	
AR 20-6 cont'd	B) Replace Bath accessories & Lav Faucets	1460	22 units	4,950	-0-	-0-	-0-	

<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>								
<b>PHA Name: Housing Authority of the County of Little River, Arkansas</b>			<b>Grant Type and Number</b> Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 07/2000		
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	
	C) A/C for elderly units		12 units	11,400	11,400	-0-	-0-	
<b>AR 20-1 thru 20-6</b>	<b>TOTAL DWELLING STRUCTURES</b>	<b>1460</b>		<b>121,935</b>	<b>169,310</b>	<b>-0-</b>	<b>-0-</b>	
<b>PHA WIDE</b>	<b>NON-DWELLING STRUCTURES</b>	<b>1470</b>						
AR 20-3	Replace Storage doors & frames		6 units	4,500	-0-	-0-	-0-	Completed
AR 20-4	Replace Storage doors & frames		24 units	5,400	12,000	-0-	-0-	
AR 20-5	Replace Storage doors & frames		50 units	21,150	23,500	-0-	-0-	
AR 20-6	Replace Storage doors & frames		20 units	4,500	-0-	-0-	-0-	


<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>							
PHA Name: Housing Authority of the County of Little River, Arkansas		<b>Grant Type and Number</b> Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> 7/2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AR 20-1	3-31-02			3-31-03	9-30-03		Error in typing
AR 20-2	3-31-02			9-30-03			
AR 20-3	3-31-02			9-30-03			
AR 20-4	3-31-02			9-30-03			
AR 20-5	3-31-02			9-30-03			
AR 20-6	3-31-02			9-30-03			



<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the County of Little River, Arkansas		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02050101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 7/2001	
<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 type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</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					
2	1406 Operations	92,374	-0-	-0-	-0-	
3	1408 Management Improvements	-0-	50,090	-0-	-0-	
4	1410 Administration	39,255	39,255	-0-	-0-	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	6,000	6,000	-0-	-0-	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	125,825	173,695	-0-	-0-	
11	1465.1 Dwelling Equipment—Nonexpendable	12,440	12,440	-0-	-0-	
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	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	275,894	281,480	-0-	-0-	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the County of Little River, Arkansas		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02050101 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 7/2001	
<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 type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</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
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<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>								
PHA Name: Housing Authority of the County of Little River, Arkansas			<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02050101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 7/2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		92,374	-0-			
PHA WIDE	Management Improvements	1408		-0-	50,090			
PHA WIDE	Administration	1410						
	Technical Salaries	1410.2		29,172	29,172			
	Benefits	1410.9		8,483	8,483			
	Travel Expenditures	1410.10		1,100	1,100			
	Sundry: Advertising	1410.19		500	500			
<b>Sub-Totals</b>				<b>39,255</b>	<b>39,255</b>			
PHA WIDE	FEES & COSTS	1430						
	Architect Fees	1430.1		6,000	6,000			
AR 20-1	DWELLING STRUCTURES	1460						
	Air Conditioning for Families		30	48,800	48,800			
AR 20-2	DWELLING STRUCTURES	1460						
	Air Conditioning for Families		10	12,400	12,400			
AR 20-3	DWELLING STRUCTURES	1460						
	A. Replace Lav. Faucets, cut-off valves		11	-0-	2,475			

<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>								
PHA Name: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program Grant No: AR37P02050101 Replacement Housing Factor Grant No:			Federal FY of Grant: 7/2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AR 20-3 con'd	DWELLING STRUCTURES	1460						
	B. Washer valve-connections & boxes		12 units	-0-	1,620			
	C. Replace Kit. Cabinets, faucets, vent hoods		11 units	-0-	38,500			
	D. Replace Bi-fold closet doors		11 units	-0-	3,000			
	E. Replace Carpet living room-bedroom		12 units	-0-	10,400			
<b>Sub-totals</b>					<b>55,995</b>			
AR 20-4	DWELLING STRUCTURES	1460		-0-	-0-			
AR 20-5	DWELLING STRUCTURES	1460						
	A. Air Conditioning for Families		24 units	43,100	43,100			
	B. Shower Rods/medicine cabinets		47 units	5,875	-0-			
<b>Sub-totals</b>				<b>48,975</b>	<b>43,100</b>			
AR 20-6	DWELLING STRUCTURES	1460						
	A. Air Conditioning for Families		8 units	13,400	13,400			
	B. Shower Rods/medicine cabinets		18 units	2,250	-0-			
<b>Sub-totals</b>				<b>15,650</b>	<b>13,400</b>			
PHA WIDE	DWELLING EQUIPMENT – NONEXP	1465.1						

<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>								
PHA Name: Housing Authority of the County of Little River, Arkansas		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02050101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 7/2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	DWELLING EQUIPMENT – NONEXP	1465.1						
	A. Refrigerators @ 325.		25	8,125	8,125			
	B. Ranges @ 205.50		19	4,315	4,315			
<b>Sub-total</b>				<b>12,440</b>	<b>12,440</b>			
PHA WIDE	MANAGEMENT IMPROVEMENTS	1408						
	Tenant Services Vehicle, Riding Lawn mower, weed eaters, leaf blowers, shop vac, dollies, pressure washer, chain saw			-0-	50,090			
<b>Sub-total</b>				-0-	50,090			

<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>							
PHA Name: Housing Authority of the County of Little River, Arkansas		<b>Grant Type and Number</b> Capital Fund Program No: AR37P02050101 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 07/2001	
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	
AR 20-1	3-31-03			9-30-04			
AR 20-2	3-31-03			9-30-04			
AR 20-3	3-31-03			9-30-04			
AR 20-4	3-31-03			9-30-04			
AR 20-5	3-31-03			9-30-04			
AR 20-6	3-31-03			9-30-04			

### Capital Fund Program Five-Year Action Plan

#### Part I: Summary

Agency Name Housing Authority of the County of Little River, Arkansas		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: CFP 7/2001 PHA FY:	Work Statement for Year 3 FFY Grant: CFP 7/2002 PHA FY:	Work Statement for Year 4 FFY Grant: CFP 7/2003 PHA FY:	Work Statement for Year 5 FFY Grant: CFP 7/2004 PHA FY:
<i>AR 20-1</i>	Annual Statement	1460 – A/C for Family \$48,000	1408 Computer Upgrade 30,000 1460 – Raingutters \$21,000	-0-	-0-
AR 20-2		1460 - A/C for Family \$12,400	1460 - Raingutters \$8,400	-0-	-0-
AR 20-3		1460 – Remodel Kitchen, bath, closet doors, carpeting \$55,995	1460 - gutters \$8,400	-0-	
<i>AR 20-4</i>		-0-	1460 – carpet & gutters, remodel kit, bath, closet doors - \$141,545 1450 – paint metal fencing \$4,500	-0-	-0-
AR 20-5		1460 – A/C for family \$43,100	1450 – Paint metal fence \$12,000	1460 – remodel kit, bath, floor tile, carpet for elderly \$183,365	1460 – gutters \$25,000
AR 20-6		1460 – A/C for Family \$13,400	-0-	-0-	1460 – Remodel kitchen & bath \$95,400
PHA WIDE		1465 – Ranges & Refrig \$12,440	-0-	-0-	-0-
PHA WIDE		1408 Mgt Improvements \$50,090			
CFP Funds Listed for 5 Year planning		\$281,480	\$281,480	\$281,480	\$281,480
Placement Housing Factor					
nds					

## 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.

<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.

<b>FFY _____ 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 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.

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
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.							

<b>9115 - Special Initiative</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>9116 - Gun Buyback TA Match</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>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	PHEDEP 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	PHEDEP 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	PHDEP 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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**Required Attachment D : Resident Member on the PHA Governing Board**

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

A. Name of resident member(s) on the governing board: Anita Bentz

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **10/01/2004**

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:

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

**Required Attachment \_\_\_\_\_E\_\_ : Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ashdown Resident Advisory Board

Evelyn Carrell  
James Hersom  
Zaddie Threadgill  
Joycene Williams

Foreman Resident Advisory Board

Mary Harris  
Nancy Pearson  
Gerald Pond  
Lina Wilson

**Attachment E Comments From Advisory Board Meeting:**

Major concerns of the tenant advisory board included the following:

Replacement of rain gutters, parking strips in parking lots, doorbells for front entry, heaters in bathrooms, mini blind replacement and storage door replacement. All issues were noted and addressed to be done either by regular maintenance or within the 5-year housing plan. No significant changes were made to the plan at this time.

## **Attachment G Statement of Progress in Meeting 5-Year Plan Mission and Goals**

The goals and mission of the Housing Authority of the County of Little River, Arkansas include the following:

### **MISSION**

To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

### **GOALS**

Renovate PHA units.

Reduce PHA vacancies

Improve PHA management score

Improve Voucher management

Increase customer satisfaction

Implement PHA security improvements.

The PHA has acquired an Architect and Engineer and plans have been drawn for all work to be done with FY 2000 Capital Funds. Salary for a Capital Funds Coordinator became effective on 4-01-2001. The PHA has advertised for all work to be done and are in the process of acquiring bids.

To reduce PHA vacancies, the housing agency has advertised for applicants through the local newspaper. The ad consists of a description of the property and individualized rent to fit income. Flyers have been posted in community centers, local churches, laundry mats and libraries to reach potential low to moderate income families.

To improve management score the PHA has composed a file folder checklist to be placed in resident's file. Files are checked on a monthly basis to insure that all needed documents are in place and inspection follow-ups are completed.

Because of Low Housing Stock and low job market in Little River County, the PHA has had difficulty maintaining a high lease-up. The Section 8 Clerk has contacted numerous landlords to seek housing for the Voucher Program. The Section 8 Clerk also contacts voucher holders when information concerning available housing is obtained.

To increase customer satisfaction, the PHA has set specific dates, between the 1<sup>st</sup> and the 5<sup>th</sup> to pick up elderly/disabled rent. The resident contacts the PHA office and are placed on a pickup list. The PHA accommodates the elderly/disabled by bringing receipt to them and obtaining the rent payments. Nutrition and cooking classes are offered quarterly, sponsored by the Little River County Extension Agency. Newsletters are prepared quarterly to offer residents informative information concerning QHWRA and other PHA information.

The PHA continues to house police officer, Richard Butler, who recently obtained employment with the Little River County Sheriff's Department as a Deputy Sheriff. The Ashdown Police Department sponsors an annual Christmas Party at the PHA Community Room in Ashdown. This event is an opportunity for public housing residents and the police department to become familiar with each other and establish a positive relationship. The PHA has also housed a volunteer police officer, who helps patrol the PHA sites in Foreman.