

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:** Van Buren Housing Authority

**PHA Number:** AR029

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2001**

**PHA Plan Contact Information:**

Name: Micheal E. Hawkins  
Phone: 501-474-6901  
TDD: 501 474-6901  
Email (if available): VBHA@WORLDNET.ATT.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**  
[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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Response (must be attached if not included in PHA Plan text)	
Other (List below, providing each attachment name) Statement of Progress ( attachment G )	

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

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

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

## **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? \$ 370,018 \_\_\_\_\_

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

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

The Capital Fund Program Annual Statement is provided as Attachment

## **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</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 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? \$ \_\_N/A\_\_\_\_\_

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: (provide name here)Arkansas Economic Development Agency
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)

**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: NONE**

**B. Significant Amendment or Modification to the Annual Plan: NONE**

**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
	Any policy governing occupancy of Police Officers in Public Housing	Annual Plan: Eligibility, Selection,

	check here if included in the public housing A&O Policy	and Admissions Policies
	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 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 check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies 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
	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 check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or	Annual Plan:

	disposition of public housing	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
	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)	Pet Policy

	check here if included in the public housing A & O Policy	
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Annual Statement/Performance and Evaluation Report Attachment B  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)**

<b>PHA Name:</b> Van Buren Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: AR37P02950100 Capital Fund Program Replacement Housing Factor Grant No:
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**Original Annual Statement Performance and Evaluation Report for Period Ending:** Reserve for Disasters/ Emergencies Revised Annual Statement Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations	25,887.00	63,910.58	50,000.00
3	1408 Management Improvements	45,000.00	75,000.00	68,000.00
4	1410 Administration	38,400.00	38,400.00	38,400.00
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs	8,500.00	0	0
8	1440 Site Acquisition			
9	1450 Site Improvement	10,000.00	10,000.00	0
10	1460 Dwelling Structures	157,500.00	97,976.42	71,976.42
11	1465.1 Dwelling Equipment—Nonexpendable	45,000.00	45,000.00	18,146.42
12	1470 Nondwelling Structures	17,500.00	17,500.00	17,500.00
13	1475 Nondwelling Equipment	15,000.00	15,000.00	13,375.00
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1498 Mod Used for Development			
19	1502 Contingency			
20	Amount of Annual Grant: (sum of lines 2-19)	362,787.00	362,787.00	277,400.00
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			
24	Amount of line 20 Related to Energy Conservation Measures			



**Annual Statement/Performance and Evaluation Report Attachment C  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)**

<b>PHA Name:</b> Van Buren Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: AR37P02950100 Capital Fund Program Replacement Housing Factor Grant No:
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**Original Annual Statement Performance and Evaluation Report for Period Ending:** **Reserve for Disasters/ Emergencies Revised Annual Statement Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	30,000.00	
3	1408 Management Improvements	74,000.00	
4	1410 Administration	46,880.00	
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	15,000.00	
10	1460 Dwelling Structures	120,000.00	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Nondwelling Structures		
13	1475 Nondwelling Equipment	12,500.00	
14	1485 Demolition		
15	1490 Replacement Reserve	50,000.00	
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1498 Mod Used for Development		
19	1502 Contingency	21,638.00	
20	Amount of Annual Grant: (sum of lines 2-19)	370,018.00	
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		
24	Amount of line 20 Related to Energy Conservation Measures		

**Annual Statement/Performance and Evaluation Report Attachment C  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)  
 Part II: Supporting Pages**

PHA Name: Van Buren Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AR37P02950100 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	
				Original	Revised
AR029-WIDE	Operations By PASS	1406		30,000.00	
AR029-WIDE	Management Improvements Web page development	1408		5,000.00	
	Maintenance Personnel to correct Deficiencies in physical inspection			39000.00	
	Training to Improve PHAS Score			5,000.00	
	Community Service/RIC Coordinator			25,000.00	
AR029-WIDE	Administration MOD Coordinator/Inspector Salary	1410		35000.00	
	Employee Benefits			11,880.00	
	Site Improvements	1450			
AR029-001	Landscaping			5,000.00	
AR029-002	Landscaping			5,000.00	
AR029-003	Landscaping			5,000.00	
	Dwelling Structures	1460			

AR029-001	Foundation Stabilization		1	25,000.00	
AR029-001	Door Bells		80	8,000.00	
AR029-002	Foundation Stabilization		2	50,000.00	
AR029-002	Door Bells		80	8,000.00	
AR029-002	Paint and Repair Ceilings & Walls		20	25,000.00	
AR029-003	Door Bells		40	4,000.00	
AR029-WIDE	Non Dwelling Equipment	1475			
AR029-WIDE	Computer Upgrade			7,5000.00	
AR029-WIDE	Maintenance Equipment			5,000.00	
AR029-WIDE	Replacement Reserve	1490		50.000.00	
AR029-WIDE	Contingency	1502		21,638.00	

**Annual Statement/Performance and Evaluation Report Attachment B  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)  
Part II: Supporting Pages**

PHA Name: Van Buren Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AR37P02950100 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	
				Original	Revised
AR029-WIDE	To correct deficiencies as designated By PASS	1406		25,887.00	63,910.58
AR029-WIDE	Management				
	Web page development	1408.01		5,000.00	5,000.00
	Maintenance Personnel to correct Deficiencies in physical inspection	1408.02		35,000.00	40,000.00
	Training to improve PHAS Scoring	1408.03		5,000.00	5,000.00
	Community Service/RIC Coordinator	1408.04		0	25,000.00
AR029-WIDE	Administration	1410			
	MOD Coordinator/Inspector Salary	1410.01		30,000.00	30,000.00

	Employee Benefits			8,4000.00	8,400.00
AR029-WIDE	Fees & Cost	1430		8,500.00	0
	A & E Services				
	Site Improvements				
AR029-WIDE	Landscaping/Trees/sod	1450		10,000.00	10,000.00
	Dwelling Structures				
AR029-002	Foundation Stabilization	1460.01		70,000.00	41,527.50
	Energy Conservation				
AR029-001	Replace outside faucets	1460.02		5,735.00	5,471.20
AR029-002	Replace outside faucets			5,735.00	5,471.20
AR029-003	Replace outside faucets			3,530.00	2,735.60
AR029-002	Elderly Screen Doors	1460.03		21,250.00	27,415.26
AR029-003	Elderly Screen Doors			12,750.00	3,177.98
AR029-002	Replace Storage Room Doors	1460.04		26,000.00	26,000.00
	Security				
AR029-001	Security Address Lights	1460.05		5,000.00	2,471.07
AR029-002	Security Address Lights			5,000.00	2,471.07
AR029-003	Security Address Lights			2,500.00	1,235.54
	Dwelling Equipment-Non Exp				
AR029-001	Gas Ranges	1465.1		4,500.00	4,500.00
AR029-002	Gas Ranges			7,500.00	7,500.00
AR029-001	Refrigerators			9,900.00	9,900.00
AR029-002	Refrigerators			23,100.00	23,100.00
	Non- Dwelling Structure				
AR029-003	Maintenace/Storage Bldg	1470		25,000.00	17,500.00
AR029-WIDE	Non Dwelling Equipment				
	Computer Server / Upgrade	1475		15,000.00	15,000.00
	Totals			362,787.00	362,787.00





### Capital Fund Program 5-Year Action Plan Attachment D

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
AR029	AR029-001	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Door Bells	8,000	2001
Landscaping	5,000	2002
Foundation Stabilization 1 per year for fours @ \$25,000.00	100,00	2001
Range Hood Fire extinguishers	16,000	2002
Replace Medicine Cabinets	13,000	2003
Tub Surrond	25,000	2004
<b>Total estimated cost over next 5 years</b>	<b>167,000</b>	

### Capital Fund Program 5-Year Action Plan Attachment D

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP 5-Year Action Plan</b>	
<b>Original statement</b>	<b>Revised statement</b>
<b>Development</b>	<b>Development Name</b>

Number	(or indicate PHA wide)		
AR029	AR029-002		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Paint and repair ceiling and walls		25,000	2001
Building Stabilization 2 units for four years @ \$25,000 ea		200,000	2001
Door bells		8,000	2001
Landscaping		5,000	2001
Replace windows		120,000	2002
Range Vents Fire extinguishers		16,000	2002
Replace Kitchen Cabinets and counter tops in elderly		175,000	2003
Playground equipment		13,000	2003
Tub Surround		25,000	2004
		25,000	2004
<b>Total estimated cost over next 5 years</b>		<b>612,000</b>	

### Capital Fund Program 5-Year Action Plan Attachment D

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.

CFP 5-Year Action Plan			
Original statement		Revised statement	
Development Number	Development Name (or indicate PHA wide)		
AR029	AR029-003		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Door Bells		4,000	2001
Landscaping		5,000	2001
Range Hood Fire extinguishers		8,000	2002
Replace Windows		60,000	2002
Playground Equipment		25,000	2004
Re-Roof Buildings		50,000	2004

<b>Total estimated cost over next 5 years</b>	<b>152,000</b>	

### Capital Fund Program 5-Year Action Plan Attachment D

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP 5-Year Action Plan</b>			
<b>Original statement</b>	<b>Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>		
AR029	AR029-WIDE		
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start D (HA Fiscal Year)</b>	
Computer upgrade four @ \$7,500 per year	30,000	2001	
Maintenance Pickup	22,000	2003	
Maintenance tools / Equipment \$5000 per year @ four years	20,000	2001	
<b>Total estimated cost over next 5 years</b>	<b>72,000</b>		

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ N/A
- 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.

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
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	HEDE Funding	Other Funding (Amount/Source)	
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)	
1.							
2.							
3.							

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

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

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

<b>9140 – Voluntary Tenant Patrol</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of erson	Target Population	Start Date	Expected Complete	PHEDep Funding	Other Funding (Amount /Source)	

HUD 50075  
 OMB Approval No: 2577-0226  
 Expires: 03/31/2002

	Served			Date		
1.						
2.						
3.						

<b>9160 - Drug Prevention</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

<del>0190 - Other Program Costs</del>							
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

**Required Attachment E : 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: Emma Brown

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 05/172002

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):

Nominating Board of Commissioners  
 Chairman Bernie J. Manard  
 Vice Chairman Linda Walker

Emma Brown  
Mark Toothaker  
Debbie Fort

**Required Attachment \_\_F\_\_\_\_: 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.)

Carmen Floyd          Donise Cook   John Douty   Betty Boots   Charles Day Jr.

The Van Buren Housing Authority Management held a series of resident meetings at each (3) of the resident centers, 34 residents attended.

Sandra Johnson  
Gracie Grinstead  
Allison James  
Tabitha Ledbetter  
Janice & Bobby Hogan  
Marilyn Muchmore  
Harow Kaufman

Thomas Lowman  
Dorothy Hicks  
Johnnie Anderson  
Breanda Donivan  
Mildred Wright  
Reba Wally  
Ruby Partain

Paul William  
Birtie Jetton  
Laurie Shamlin  
Pauline Self  
Robert Gaston  
Larry & Dot Solomito  
Trina Escabnte

Bessy Stroup  
Mabel McManes  
Betty Boots

Martian Lopez  
Hazel Evans  
Greghorn

Alice Vinson  
Juanita V Hunter

## **Statement of Progress      Attachment G**

The Van Buren Housing Authority has had varying degrees of success in reducing vacancies. The waiting list has increased over the last year however, our turnover rate has reached 70%. We feel that customer satisfaction is improved and await Customer Survey results in July 2001. Renovation and modernization of our units has continued with new energy efficient HVAC in Project 03. New ranges, refrigerators, and security address lights are being installed in all units, security screen doors are being installed in elderly units. The PHAS score was standard performer 82.7, however, the FASS score was the only indicator under High Performer status. Security improvements were addressed with additional security lighting & with improved criminal background checks of applicants.

