

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

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

**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: Warren Housing Authority

PHA Number: AR082

PHA Fiscal Year Beginning: (01/2001)

PHA Plan Contact Information:

Name: Mike Jolley

Phone: 870-226-2600

TDD:

Email (if available): wha@seark.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- XX 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)

- XX 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)

- XX Main business office of the PHA
PHA development management offices
Other (list below)**

PHA Programs Administered:

XX 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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Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.79 (r)]

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

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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 were no changes in policies or programs in preparation of this year's update. The Warren Housing Authority believes it has adopted a planning approach that meets the need of the authority's residents, the new federal review standards and has taken steps to improved its own management.

2. Capital Improvement Needs

[24 CFR Part 903.79 (g)]

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

A. XX 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? \$ 275,080.00

C. XX 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 903.79 (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.)

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2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)

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 903.79 (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. 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):

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5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

. Yes XX 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 XX 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 XX 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: (Arkansas)

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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)

- XX 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)**

. PHA Requests for support from the Consolidated Plan Agency

Yes XX 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:

B. Significant Amendment or Modification to the Annual Plan:

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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.

List of Supporting Documents Available for Review

Applicable & On Display Supporting Document Related Plan Component

XX 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

XX 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

XX Most recent board-approved operating budget for the public housing program Annual Plan: Financial Resources

XX 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 check here if included in the public housing A&O Policy Annual Plan: Eligibility, Selection, and Admissions Policies

XX Section 8 Administrative Plan 2001 Annual Plan: Eligibility, Selection, and Admissions Policies

XX Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy 2001 Annual Plan: Rent Determination

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

XX Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan 2001 Annual Plan: Rent Determination

XX Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) 2001 Annual Plan: Operations and Maintenance

XX Results of latest binding Public Housing Assessment System (PHAS) Assessment

Annual Plan: Management and Operations

XX Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)

Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency

XX 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

XX Public housing grievance procedures X check here if included in the public housing A & O Policy Annual Plan: Grievance Procedures

XX Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan 2001 Annual Plan: Grievance Procedures

XX The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year Annual Plan: Capital Needs

XX Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants Annual Plan: Capital Needs

Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI

Revitalization Plans, or any other approved proposal for development of public housing Annual Plan: Capital Needs

Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). Annual Plan: Capital Needs

Approved or submitted applications for demolition and/or disposition of public housing

Annual Plan: Demolition and Disposition

Approved or submitted applications for designation of public housing (Designated Housing Plans) Annual Plan: Designation of Public Housing

Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 Annual Plan: Conversion of Public Housing

Approved or submitted public housing homeownership programs/plans Annual Plan: Homeownership

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: ú Baseline law enforcement services for public housing developments assisted under the PHDEP plan; ú 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); ú

Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; ú Coordination with other law enforcement efforts; ú Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and ú 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. Annual Plan: Safety and Crime Prevention

XX Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy Pet Policy

XX 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)

Attachment B

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

PHA Name: Warren Housing Authority Grant Type and Number Capital Fund Program: Capital Fund Program
 Replacement Housing Factor Grant No: Federal FY of Grant: 09/2001
 XX 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		2000.00		
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs		15000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		250100.00		
11	1465.1 Dwelling Equipment-Nonexpendable		2750.00		
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)		269850.00		
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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: **Warren Housing Authority** Grant Type and Number Federal FY of Grant 2001

Capital Fund Program #:

Capital Fund Program

Replacement Housing Factor #:

Development Number Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Acrued Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Architect to develop plans and specs for Physical work and administer contract	1430		15000.00				
HA-Wide	Staff Training	1410		2000.00				
AR82-1	Install Heat & Air Units 1-32 K-West	1460		120000.00				
AR82-1	Install Insulated windows in 73 units	1460		130100.00				
AR82-1	Purchase seven stoves @ 250.00 each	1465.1		1750.00				
AR82-1	Purchase ten vent-a-hood	1465.1		1000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: Warren Housing Authority	Grant Type and Number	Capital Fund Program #:	Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2001
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	
AR82-1	09-30-2002		05-31-2004	

Attachment C

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.

CFP 5-Year Action Plan Development Number) AR082	X Original statement	Revised statement		
Development Name (or indicate PHA wide)	HA-Wide			
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)		
Administration Cost	30,000	2002-2004		
Architect Cost	75,000	2002-2005		
Computer Work Station, Desks, & Computers	11,000	2003		
Lawn Mowers (2) @ 2500.00 each	5,000	2003		
Staff Training	8,000	2001-2004		
Maintenance Warehouse	15,000	2003		
Two Trucks @ 15,000.00 each	30,000	2004		
Total estimated cost over next 5 years	174,000			

Attachment C

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.

CFP 5-Year Action Plan Original statement Revised statement
 Development Number) AR082 Development Name (or indicate PHA wide) 8-01

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install Heat & Air Units in 32-65 K-West & 1-22 K-East	230,000	2002 & 2005
Install insulated windows to 73 units	130,000	2002
Interiors Doors (20) @ \$150.00 each	3,000	2002
Hot Water Heaters (10) @ \$200.00 each	2,000	2003
New Lock Sets for all apts. in 01	39,420	2003
Stoves (8) @ \$250.00 each	2,000	2004
Vent-a-hoods (10) @ \$150.00 each	1,000	2004
Foundation Repairs	105,000	2004-2005
Parking Lot Repair & Addition Alto & Walnut Court Area	80,000	2005
Total estimated cost over next 5 years	592,420	

Attachment C

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.

CFP 5-Year Action Plan Original statement Revised statement
 Development Number) AR082 Development Name (or indicate PHA wide) 8-03

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
10 Hot Water Heaters @ \$200.00 each	2,000	2003
Replace Sidewalk	125,000	2003
Refrigerators (15) @ \$400.00 each	6,000	2003
Entries Doors (50) @ \$175.00 each	8,750	2004
Stoves (20) @ \$250.00 each	5,000	2004
Vent-a-hoods (20) @ \$100.00 each	2,000	2004
New Locks Sets (150) @ \$90.00 each	13,500	2004
Air Conditions for 25 units @ \$2500.00 each	62,500	2004
Street Work	48,500	2004
Interiors Doors (20) @ \$150.00 each	3,000	2004
Total estimated cost over next 5 years	276,250	

NA

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.

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.

FFY _____ PHDEP Budget Summary Original statement Revised statement dated:

- Budget Line Item Total Funding
- 9110 - Reimbursement of Law Enforcement
- 9115 - Special Initiative
- 9116 - Gun Buyback TA Match
- 9120 - Security Personnel
- 9130 - Employment of Investigators
- 9140 - Voluntary Tenant Patrol

9150 - Physical Improvements

9160 - Drug Prevention

9170 - Drug Intervention

9180 - Drug Treatment

9190 - Other Program Costs

TOTAL PHDEP FUNDING

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise-not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement

Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9115 - Special Initiative

Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9116 - Gun Buyback TA Match Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9120 - Security Personnel Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9130 - Employment of Investigators Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9140 - Voluntary Tenant Patrol **Total PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------

Other Funding (Amount /Source)	Performance Indicators
---------------------------------------	-------------------------------

- 1.
- 2.
- 3.

9150 - Physical Improvements **Total PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9160 - Drug Prevention **Total PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
----------------------------	----------------------------	--------------------------	-------------------	-------------------------------	-----------------------	---------------------------------------

Performance Indicators

- 1.
- 2.
- 3.

9170 - Drug Intervention **Total PHDEP Funding: \$**

Goal(s)

Objectives

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

- 1.
- 2.
- 3.

9180 - Drug Treatment **Total PHDEP Funding: \$**

Goal(s)

Objectives

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

- 1.
- 2.
- 3.

9190 - Other Program Costs **Total PHDEP Funds: \$**

Goal(s)

Objectives

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

- 1.
- 2.
- 3.

Required Attachment D: Resident Member on the PHA Governing Board

1. Yes XX 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:

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

Elected

Appointed

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

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? Irma Brunson was a resident at the time she was nominated to join the board. Ms. Brunson was able to get a good job and move out of housing but her mother is still a resident at this time.

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

XX 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: April 30, 2001

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

Hugh Allen Quimby - Chairman

JeNelle Lipton - Vice-Chairman

Irma Brunson - Commissioner

Harry McCaskill - Commissioner

Harold Mann - Commissioner

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.)

Rosa Taylor - #6 Kings Square West

Loretha King - #11 Kings Square West

Michael Terry - #38 Kings Square West

Byron Black - #65 Kings Square West

Tamika Pickett - Section 8 Program #21 Railroad Ave., Warren, AR 71671