

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

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**

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

**PHA Plan
Agency Identification**

PHA Name: HOUSING AUTHORITY CITY Of HICKORY RIDGE

PHA Number: AR093

PHA Fiscal Year Beginning: (07/2001)

PHA Plan Contact Information:

Name: Nila Roark

Phone: 870-697-2202

TDD:

Email (if available): hahr@crosscountybank.com

Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting 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

Small PHA Plan Update

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

Annual PHA Plan
Fiscal Year 20
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input type="radio"/> Attachment <u>G</u> : Statement of Progress in meeting 5 Year Mission & 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

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.

Adoption of Pet Policy & Community Service Policy for 2001 and the addition of these actions into the dwelling lease and Admissions & Occupancy policy.

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? \$ 29194

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

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 <input type="radio"/> Disposition <input type="radio"/>
3. Application status (select one) Approved <input type="radio"/> Submitted, pending approval <input type="radio"/> Planned application <input type="radio"/>
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="radio"/> Part of the development <input type="radio"/> Total development
7. Relocation resources (select all that apply) <input type="radio"/> Section 8 for units <input type="radio"/> Public housing for units <input type="radio"/> Preference for admission to other public housing or section 8 <input type="radio"/> 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

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 G : RAB Recommendations

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 G .
 Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.
 Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **State of Arkansas**

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)
A. Contains needs assessments and analysis
B. Identifies 5 year strategies that set overall priorities for the housing community, emphasizing the importance of the "quality of life" in small cities in Arkansas.
 Other: A public hearing was held for public review and comment on the plan.

3. PHA Requests for support from the Consolidated Plan Agency

G Yes O 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)

In accordance with the Quality Housing & Work Responsibility Act of 1998 we have invited Citizen Participation in development of our plan, we are committed to providing adequate, affordable, drug free housing while promoting opportunities in housing without discrimination for all Americans.

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:

Any change to the PHA,s overall Mission and any changes to the Goals or objectives that affect services to residents or applicants, or significant changes to the PHA’s financial situation..

B. Significant Amendment or Modification to the Annual Plan:

Any revision/amendment that substantially alters any policy or outcome for or treatment of tenant, applicants or participants, and the addition of any work items not currently included in the Annual Statement or Five Year Action Plan of the Capital Fund. The following are not considered a significant revision or modification: 1. Utilization of funds between approved yearly work item for Capital Improvement Plan. 2. HUD required statutory or regulatory requirements.

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
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	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
N/A	Any policy governing occupancy of Police Officers in Public Housing G check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

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

Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
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
N/A	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
N/A	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"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · 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); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · 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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) G check here if included in the public housing A & O Policy	Pet Policy

Applicable & On Display	Supporting Document	Related Plan Component
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
X	Other supporting documents (optional) Community Service Requirements	Community Service Policy

Annual Statement/Performance and Evaluation Report

ATTACHMENT B

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HICKORY RIDGE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: AR37P09350101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
--	---	---

Original Annual Statement
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 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	1000			
4	1410 Administration	1000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2000			
10	1460 Dwelling Structures	22944			
11	1465.1 Dwelling Equipment—Nonexpendable	2250			
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)	29194			

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Hickory Ridge Housing Authority	Grant Type and Number Capital Fund Program Grant No: AR37P09350100	Federal FY Grant: 2000
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Performance and Evaluation Report for Period Ending: 12/31/2000

Line No.	Summary by Development Account	Total Estimated Cost Original	Revised	Total Actual Cost Obligated	Expended
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1.	Total non-CFP Funds				2.
	1406 Operations				3.
	1408 Management Improvements				4.
	1410 Administration	1000			5.
	1411 Audit				6.
	1415 liquidated Damages				7.
	1430 Fees and Costs				8.
	1440 Site Acquisition				9.
	1450 Site Improvement	5000	1395.69	1395.69	10.
	1460 Dwelling Structures	19364	352.00	352.00	11.
	1465.1 Dwelling Equipment-Nonexpendable	2500	2500.00	2500.00	12.
	1470 Non-Dwelling Structures				13.
	1475 Non-Dwelling Equipment	750			14.
	1485 Demolition				15.
	1490 Replacement Reserve				16.
	1492 Moving to Work Demonstration				20.

Amount of Annual Grant: (sum of lines 2-19) 28614

Attachment B (2)

Annual Statement/Performance and Evaluation Report

ATTACHMENT B

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Hickory Ridge Housing Authority		Grant Type and Number Capital Fund Program #: AR37P09350101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AR093001	Management Improvements	1408		1000				
AR093001	Administration	1410		1000				
	Site Improvements							
	1. Project Sign	1450		800				
	2. Yard Improvement	1450		1200				
	Dwelling Structures							
	Wall Heaters (8)	1460		22944				
	Dwelling Equipment							
	. Water Heaters	1465.1		2250				

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work

Annual Statement/Performance and Evaluation Report

Attachment B 2

Capital Fund Program and Capital Fund Program Replacement Housing Factor

PHA: Hickory Ridge Housing Authority	Grant Type and Number CFP Grant # AR37P09350100	Federal FY of Grant 2000
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Development Number Name?HA-Wide Activities	General Description of major work Categories	Dev. Quantity Acc t No.	Total Estimated Cost	Total Actual Cost	Status of Work
---	---	----------------------------	----------------------	-------------------	----------------

AR093001	Administration	1410	1000		
-----------------	-----------------------	-------------	-------------	--	--

	Site Improvement	1450	5000		
--	-------------------------	-------------	-------------	--	--

	1. Work on sidewalks, central mailboxes, Clean up from ice storm			1395.69	Completed
--	---	--	--	----------------	------------------

	2. Material & installation of two anode bed (Recommended in 2000/Cathodic Protection Survey 1600)				Will be done when weather permits
--	--	--	--	--	--

	3. Work on grounds				Spring/2001
--	---------------------------	--	--	--	--------------------

	Dwelling Structures	1460	19364		
--	----------------------------	-------------	--------------	--	--

	1. Replace tile in shower, repair walls, materials & guides for window balances			352.00	
--	--	--	--	---------------	--

	2. Security Storm Doors/Interior Doors				
--	---	--	--	--	--

	3. Installation of Window Balances				
--	---	--	--	--	--

	4. Repair deficiencies (Physical Inspection Unit repairs				
--	---	--	--	--	--

	5. Vinyl Siding/Coil Trim				
--	----------------------------------	--	--	--	--

	Dwelling EquipmentNon-expendable	1465.1	2500	2500	
	8 Refrigerators / Physical Inspection / Deficiencies				

	Nondwelling Equipment	1475	750		
--	------------------------------	-------------	------------	--	--

	1. Push Mower/Weed Eater/				
--	----------------------------------	--	--	--	--

	2. Typewriter				
--	----------------------	--	--	--	--

Attachment B 2

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

PHA Name: Hickory Ridge Housing Authority	Grant Type and Number Capital Fund Program No. AR37P09350100	Federal FY of Grant: 2000
--	--	---------------------------

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
---	--	---	----------------------------------

	Original	Revised	Actual	Original	Revised	Actual	
AR093001	03/31/2001	06/30/2001		09/30/2002			Hickory Ridge Housing Authority is a small Housing Authority located in a small town. This makes it difficult to attain bids.
-							

Annual Statement/Performance and Evaluation Report

ATTACHMENT B

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA:

**HICKORY RIDGE HOUSING
AUTHORITY**

Grant Type and Number

Capital Fund Program # **AR3709350101**

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	
AR093001	06/30/2002			09/30/2003			

	Original	Revised	Actual	Original	Revised	Actual	

Capital Fund Program 5-Year Action Plan

ATTACHMENT C

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		
O Original statement G Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AR093001	HICKORY RIDGE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
		Planned Start Date (HA Fiscal Year)

Wall Heaters (4)	12672	2002
Bathroom Renovation	8000	2002
Replace Ranges (10)	3500	2002
Office Renovation For ADA Compliance	3022	2002
PHA-Wide Management Improvements	1000	2002
Administration	1000	2002
Total estimated cost	29194	
Wall Heaters (4)	12672	2003
Kitchen Cabinets (6)	13522	2003
PHA-Wide Management Improvement	2000	2003
Administration	1000	2003
Total estimated cost	29194	
Kitchen Cabinets (10)	22536	2004
Replace Unit Floor Tile	3658	2004
PHA-Wide Management Improvement	2000	2004
Administration	1000	2004
Total estimated cost	29194	

Disability Renovations	20000	2005
Sidewalk Repair	6194	2005
PHA-Wide Management Improvements	2000	2005
<u>Administration</u>	<u>1000</u>	2005
<u>Total estimated cost</u>	<u>29194</u>	
Total estimated cost over next 5 years	145970	

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						
FY 1998						
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	PHDEP 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	PHDEP 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	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
Proposed Activities							
1.							
2.							
3.							

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

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

3.							
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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:

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?

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.

X Other (explain): In February/2000 we added a resident to our Board. On January 02, 2001 the resident moved. He is still on the Board.

B. Date of next term expiration of a governing board member: 01/25/2002

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

Housing Authority Board of Commissioners

Mauvaline Imboden (Chairperson) Term expires 01/25/2006

Teresa Munger (Vice-Chairperson) Resigned 01/2001/has not be replaced/ Term expires 01/25/2002

Peggy Burnett Commissioner Term expires 01/25/2004

David Cook Commissioner (this is the resident that moved 01/02/2001)

Term expires 01/25/2005

Vivian Wilson Commissioner Term expires 01/25/2003

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.)

Tina Kennon Martha Draffins Juainita Odom Dora Searcy Nedra Tribble Jean Yarbrough
Etta Rutherford Walter Newby J.W. & Maxine Fields James Mullins Rebecca & Carl Jr. Jones
Erie & Robin Smith William & Tammy Allgood Onnie Jones

All adult resident are listed above. All resident has not attended meetings but has been given opportunity to made recommendations.

Required Attachment F : Statement of Progress

The Hickory Ridge Housing Authority has made improvements in units, repaired sidewalks, replaced refrigerators in 15 of our 16 units since 1997, (8) in the year / 2000 . Three security lights has been put in the back of our units. We have put new window balances in our windows. We will continue to provide our resident with decent, safe, and affordable housing.

Required Attachment G : RAB Recommendations

1. Cabinets & Counter tops
2. Landscape front areas around units & yards (flower beds)
3. Central Cooling & Air
4. Air-Conditioners for Elderly Units
5. Covers for parking areas
6. Large Trash Cans
7. Vanity put in each bathroom
8. Better blinds for windows