

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**

## PHA Plan Agency Identification

**PHA Name:** Brown County Housing Authority

**PHA Number:** IL099

**PHA Fiscal Year Beginning: (mm/yyyy)**04/2001

### PHA Plan Contact Information:

Name: Daniel R. Fuller

Phone: (217) 773-2731

TDD: 1-800-526-0844

Email (if available): brownco@golden.adams.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) Building which contain Laundry rooms.

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.

<b>Contents</b>	<b><u>Page #</u></b>
<b>Annual Plan</b>	
i. Table of Contents	1
ii. Executive Summary (optional)	N/A
iii. Annual Plan Information	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	5-6
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment F : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) - No comments were received from either of 2 meetings.	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name) Attachment G :5 Year Plan Mission and Goals Progress	

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

None

**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.

The PHA has updated its Admissions and Occupancy Policy. The new policy has updated the Flat Rent policy and amounts and updated Utility Allowances. It also adds information on our Community Service requirements. Our new Pet Policy and Maintenance Policy was also incorporated into the A&O Policy update. The A&O Policy while not an attachment of this Plan is posted in the same location.

**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? \$ \_\$95,565\_\_\_\_\_

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment B

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for     units <input type="checkbox"/> Public housing for     units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for     units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_ Unknown\_\_\_\_\_

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)N/A

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: (The State of Illinois)
  
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 5year 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: This would include any change which would reduce or lesson the goals or objectives of the 5-year Plan.**

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

**This would include 1. Changes to rent or admissions policies or organization of the waiting list; 2. Additions of non-emergency work items not included in the current or 5 year Capital Fund Plan, or a change in use of replacement reserve funds under the Capital Fund; 3. Addition of a PHDEP or other**

**similar program; 4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. Changes adopted to reflect changes in HUD regulatory requirements will not be considered significant amendments to the Agency Plan.**

## 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 <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	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
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
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
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
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	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) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet 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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)

<b>PHA Name:</b>  <b>Brown County Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program: IL06P09950100 Capital Fund Program Replacement Housing Factor Grant No:
---	---

**Original Annual Statement**
 Reserve for Disasters/ Emergencies
 Revised A  
 **Performance and Evaluation Report for Period Ending:**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	\$ 2,000	
3	1408 Management Improvements	\$ 3,000	
4	1410 Administration	\$ 3,225	
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	\$11,000	
10	1460 Dwelling Structures	\$72,980	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Nondwelling Structures	\$ 1,360	
13	1475 Nondwelling Equipment	\$ 2,000	
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)	\$95,565	
21	Amount of line 20 Related to LBP Activities	0	
22	Amount of line 20 Related to Section 504 Compliance	0	
23	Amount of line 20 Related to Security	0	
24	Amount of line 20 Related to Energy Conservation Measures	\$12,240	

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

PHA Name: Brown County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: IL06P09950100 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
99-1	Operations	1406		2,000	
	Update Policies/leases & Related	1408		3,000	
	Admin Costs for bids/advert, telephone, gasoline, etc.	1410		800	
	Salary of Exec. Dir. For grant admin.	1410		2,425	
	Upgrade Site lights to save energy	1450	8	3,000	
	Repair Walks to eliminate trip hazards	1450		200	
	Replace bath vent fans	1460	26	2,340	
	Upgrade Kit/Dining rm. Lights	1460	26	3,120	
	Replace locks/key machine	1460	26	9,120	
	Install door bells	1460	4	440	
	Electric Smoke detectors	1460	26	3,100	
	GFCI in Community Room	1470	1	40	
	Electric Smoke alarms in Comm. Bldg.	1470	2	120	
	Lock for garage	1470	1	200	
	Laptop computer	1475.4	1	2,000	
99-2	Upgrade site lights	1450	3	1,800	
	Concrete work/walks	1450		2,000	
	Bath Vents Fans	1450	16	1,440	
	Kitchen/dining rm. Lights	1460	16	1,920	
	Electric Smoke Detectors	1460	16	2,100	
99-2	Door bells on 2 bedroom units	1460	4	440	
	Electric Smoke detectors - laundry bldg.	1470	1	100	
99-3	Replace lifts station pumps	1450	2	4,000	
	Kitchen/Dining room lights	1460	20	2,400	
	Locks/Key Machine	1460	20	10,560	
	Storm Doors	1460	20	4,000	
	Kitchen Cabinets	1460	20	32,000	
	Electric Smoke Alarms-Laundry bldg.	1470	1	100	
	Laundry bldg. Locks	1470	2	800	



## Capital Fund Program 5-Year Action Plan

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

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL099-001,002,003	PHA Wide - all 3 projects as listed	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (PHA Fiscal Year)
<b>Area Wide</b>		
1406 Operations	\$ 26,000	2003-6
1408 Mgt. Imp.		
2 Line phone system	\$ 630	2003
Update 5 year Plan	\$ 5,000	2005
1410.1 Administration		
Misc. Advertising, office supplies, phone etc.	\$ 4,000	2003-6
Salary/wages reimburse operating for time spent on grant	\$ 12,000	2003-6
Energy Audit Update	\$ 1,000	2005
1430 Architect/Engineering	\$ 15,000	2003-6
99-1 Mount Sterling		
1450 Site Improvements		
Walks/Parking/Concrete	\$ 50,300	2003-6
Hand Rails	\$ 11,700	2003-6
Chain Link Fence	\$ 1,700	2004
Drainage Tile	\$ 3,000	2004
Landscape/add dirt/help drainage	\$ 1,500	2004
Bushes and Plantings	\$ 505	2004
1460 Dwelling Units		
Basement Windows	\$ 900	2005
Termite Treatment	\$ 9,000	2005
Mail Boxes	\$ 806	2004
Replace floor tile	\$191,640	2003-6
Replace baseboard	\$ 9,625	2003-6
Air Conditioner sleeves	\$ 7,020	2004
220 Volt outlets 2 and 3 br for A/C	\$ 900	2004
Remodel bath rooms, tubs and walls	\$ 43,900	2004
Medicine Cabinets/lights	\$ 2,250	2004
Bath room water shut offs	\$ 910	2004
Kitchen faucets/drains	\$ 3,900	2004
Electric Baseboard heat	\$ 26,800	2003
Drapes	\$ 1,800	2006
Grease Shields	\$ 2,600	2005
Cabinet doors and drawer fronts	\$ 8,000	2005
Insulate Basement Walls	\$ 2,000	2005
Water Heaters	\$ 1,800	2006
Building Address Signs	\$ 2,400	2005

<b>1465.1 Dwelling Unit Equipment</b>		
<b>Handi-cap refrigerator</b>	\$ 615	2005
<b>Ranges</b>	\$ 5,000	2005
<b>1470 NonDwelling Units</b>		
<b>Termite Treatment</b>	\$ 2,000	2006
<b>Boiler Room Doors</b>	\$ 2,000	2003
<b>Storage Sheds</b>	\$ 12,000	2006
<b>Tile/Baseboard</b>	\$ 25,860	2003-6
<b>Replace washer valves</b>	\$ 100	2003
<b>Keypad Lock</b>	\$ 800	2005
<b>Maint. Shed by office</b>	\$ 2,000	2006
<b>Storage Shed locks</b>	\$ 1,440	2006
<b>Bath Shut offs</b>	\$ 70	2003
<b>Cabinets/counter/sink</b>	\$ 6,000	2006
<b>Water Heaters</b>	\$ 1,500	2006
<b>Main water shut offs</b>	\$ 640	2003
<b>1475.1 Office Furniture and equipment</b>		
<b>Typewriter</b>	\$ 300	2006
<b>Large Poster boards</b>	\$ 200	2006
<b>File Cabinets</b>	\$ 800	2006
<b>Blue Print Cabinet</b>	\$ 1,100	2003
<b>1475.2 Maintenance Equipment</b>		
<b>Mower with blower and tiller attachments</b>	\$ 18,000	2006
<b>Video Surveillance System</b>	\$ 2,500	2004
<b>Table Saw</b>	\$ 2,000	2005
<b>Power miter saw</b>	\$ 400	2005
<b>Radios</b>	\$ 9,000	2006
<b>1475.3 Community Room Equipment</b>		
<b>2 8 ft tables</b>	\$ 200	2005
<b>20 community rm. Chairs</b>	\$ 600	2005
<b>Front Load washer</b>	\$ 1,200	2005
<b>1475.4 Computer Equipment</b>		
<b>Computer system</b>	\$ 2,500	2006
<b>Color printer/scanner</b>	\$ 500	2006
<b>99-2 Versailles</b>		
<b>1410 Administration</b>		
<b>Energy Audit Update</b>	\$ 1,000	2006
<b>1450 Site Improvements</b>		
<b>Walks/Parking/concrete</b>	\$ 43,800	2003-5
<b>Hand Rails</b>	\$ 7,900	2003-5
<b>Landscape/dirt work</b>	\$ 500	2005
<b>Bushes and plantings</b>	\$ 120	2005
<b>Clothes lines</b>	\$ 440	2005
<b>1460 Dwelling units</b>		
<b>Basement Windows</b>	\$ 900	2006
<b>Termite Treatment</b>	\$ 7,000	2006
<b>Mail Boxes</b>	\$ 3,620	2005
<b>Replace floor tile</b>	\$ 94,320	2003-6
<b>Replace Baseboard</b>	\$ 4,375	2003-6
<b>A/C Sleeves</b>	\$ 4,320	2005
<b>220 V, 2/3 BR's</b>	\$ 900	2004
<b>Tubs/Walls Bath</b>	\$ 26,340	2004
<b>Medicine Cabinet /Lights</b>	\$ 1,350	2004
<b>Bath Shut Offs</b>	\$ 560	2004
<b>Kit. Faucet/Drains</b>	\$ 1,600	2004

Electric Base Board Heat	\$ 13,400	2005
Drapes	\$ 1,800	2006
Insulate Basement wall	\$ 2,000	2005
Water Heaters	\$ 1,800	2006
Building Address signs	\$ 1,800	2005
<b>1465.1 Dwelling Unit Equipment</b>		
Handi-cap Refrigerator	\$ 615	2005
Refrigerator	\$ 300	2005
Ranges	\$ 2,800	2005
<b>1470 Non Dwelling Units</b>		
Boiler Room Doors	\$ 1,200	2003
Storage Sheds	\$ 12,000	2006
Tile/Baseboards	\$ 13,780	2003-6
Replace Wash/Valves	\$ 100	2003
Storage Shed Locks	\$ 1,440	2006
Bath Shut Offs	\$ 40	2003
Cabinets/Counter/Sinks	\$ 4,000	2006
Electric Heat	\$ 2,810	2003
Water Heaters	\$ 900	2006
Sill Cocks	\$ 1,020	2006
Main Water Shut Offs	\$ 360	2003
<b>1475.1 Office Furniture/Equipment</b>		
Large Poster Boards	\$ 200	2006
<b>1475.2 Maintance Equipment</b>		
Video Surveillance System	\$ 680	2004
<b>1475.3 Community Room Equipment</b>		
4 6 ft tables	\$ 360	2005
Refrigerator	\$ 400	2005
<b>99-3 Mt. Sterling 319 Fairground St. Area</b>		
<b>1410.1 Amdinistration</b>		
Energy Audit Update	\$ 1,000	2006
<b>1450.1 Site Improvements</b>		
Walks/Parking/Pads	\$ 24,200	2003-6
Hand Rails	\$ 7,104	2003-6
Bushes/Planting	\$ 240	2005
Clothes Lines	\$ 200	2005
<b>1460 Dwelling Units</b>		
Door Bells	\$ 1,748	2004
Termite Treatment	\$ 6,000	2006
Grease Shields	\$ 2,000	2005
Building Address signs	\$ 500	2005
Vinyl Siding	\$ 15,000	2005
<b>1465.1 Dwelling Unit Equipment</b>		
Handi-Cap Refrigerator	\$ 615	2005
Refrigerator	\$ 1,800	2005
Ranges	\$ 4,520	2005
<b>1470 Non Dwelling Units</b>		
Termite Treatment	\$ 1,000	2006
Small Florescent Fixtures	\$ 100	2004
Storage Shed Locks	\$ 960	2006
Bath Shut Offs	\$ 40	2003
Add Wash/Dry supply	\$ 2,190	2004
Sill cocks	\$ 3,400	2006
Garage Door Opener	\$ 2,000	2006

1475.1 Office Furniture/Equipment Large Poster Boards	\$ 200	2006
1475.2 Maintance Equipment Video Surveillance System	\$ 680	2004
1475.3 Commuinity Room Equipment Front Load Washers	\$ 1,200	2005
4 Dryers	\$ 2,000	2005
<b>Total estimated cost over next 5 years</b>	<b>\$879,458</b>	

## PHA Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

### Section 1: General Information/History

- A. Amount of PHDEP Grant \$ \_\_\_\_\_
- 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

N/A Our PHA does not have problems to an extent which would justify the need for such funds.

### E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or sitewhere 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 broadgoals 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	PHEDEP 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 Persons 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 Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP 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 Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP 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 Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

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

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

<b>9190 - Other Program Costs</b>						<b>Total PHDEP Funds: \$</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.							

**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, skipto #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.
- Other (explain):

B. Date of next term expiration of a governing board member: Nov. 2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): The Board of the County of Brown appoints our members. The current Chairman is Mr. George Clark.

**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.)

Project 99-1 - Madge Bell	Apt. 7
Project 99-2 - Gary Myers	Apt. 9
Project 99-3 - Michael DeJaynes	Apt. 1

# ATTACHMENT G

## Progress Report

Over the past year, the PHA has met it's goals by providing housing to all eligible applicants for housing. During this time there were no complaints of discrimination. The PHA continues to advertise on at least a monthly basis in the local paper in an attempt to reduce vacancies. We have succeeded in improving the quality of our units through the efficient use of modernization grant money. Security improvements by way of newer locks and replacement of some site lighting should be achieved within the next year as already budgeted in grant funds due to be released soon. The Brown County Housing Authority continues to provide decent, safe and sanitary housing on an equal basis to all.