

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 PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: MERCER COUNTY HOUSING AUTHORITY

PHANumber: IL131

PHAFiscalYearBeginning:(mm/yyyy) 10 -01-2001

PHA Plan Contact Information:

Name: Edwina Wright

Phone: 309 -582-5410

TDD:

Email (if available): mchoau@winco.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

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

PHA Programs Administered :

- Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24CFR 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 filename in parentheses in the space to the right of the title.

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| X Attachment B: Capital Fund Program Annual Statement | |
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| <input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement | |
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| X Attachment_D: Resident Membership on PHA Board or Governing Body | |
| X Attachment_E: Membership of Resident Advisory Board or Boards | |
| X Attachment_F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) | |
| X Other (List below, providing each attachment name) | |
| Attachment G: Action Plan - PHAS | |

ii. Executive Summary

[24CFR Part 903.79(r)]

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

MCHA has not applied for additional vouchers as we just attained full lease up in March 01 (and have lost some since!) We are constantly working on PHA scores and SEMAP as we are consistently updating systems. We work daily to improve customer satisfaction and hope to attain better survey results. In our briefing sessions we stress more on mobility within our county. We have had a landlord information meeting and are doing ads on radio aimed at landlord and tenants both for vouchers and an ad for Vashti (Public Housing) as well. We marked deconcentration but have since learned that we do not need to do so as we have 60 units of elderly/disabled in Public Housing. We are working with Dept of Human Services (have an agreement in place) to provide support services and encourage employment. We have made minor changes in apartments at request of disabled. We have done outreach through radio to encourage those to apply for both programs.

To work on reducing Turn Over Time we are now using better communications between maintenance and administrative staff in hopes of reducing time. We have implemented different PR to attract landlords to help increase Sect. 8 lease up rates as well as marketing to owners. We are using Tran Union for credit checks and Leads for criminal checks for all applicants. Admission preferences with economic hardships are now moved to the top of our waiting lists.

We are attending local Human Resource meetings monthly to encourage referrals from local agencies.

The staff of MCHA is always aware of improving our situation.

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.

NONE

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. X 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? \$80861 _____

C. X 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.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. Yes X 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="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

[24CFR 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEPFundsmustprovidea PHDEPPlanmeetingspecifiedrequireme ntspriortoreceiptofPHDEPFunds.

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

[24CFRPart903.79(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 (Filename) _____ F

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
 - 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 end of the RAB Comments in Attachment _F_.

Other: (list below)
None of the Comments needed Policy change to implement

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) 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 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

NONE

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

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certification 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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board -approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Schedule of flat rents offered each public housing development X check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| X | Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| X | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| X | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| | 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 X check here if included in the public housing A&O Policy | Annual Plan: Grievance Procedures |
| X | Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| | Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI 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, PIH99 -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 |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | 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 home ownership programs/plans | Annual Plan: Homeownership |
| | 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"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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) X check here if included in the public housing A&O Policy | Pet Policy |

| List of Supporting Documents Available for Review | | |
|--|--|-------------------------------|
| 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 |
| | 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/CFPRHF) Part 1: Summary

| | | |
|---|--|------------------------------------|
| PHAName: MERCER COUNTY HOUSING AUTHORITY 609 NW 4 TH AVE Aledo, IL 61231 | Grant Type and Number Capital Fund Program: IL06P131501 -01 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: 10-01-2001 |
|---|--|------------------------------------|

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 | 80861 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 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) | 80861 | | | |
| 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 | | | | |

| Annual Statement/Performance and Evaluation Report | | | |
|--|---|--|-------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | |
| PHA Name: MERCER COUNTY HOUSING AUTHORITY 609 NW 4 TH AVE Aledo, IL 61231 | | Grant Type and Number Capital Fund Program: IL06P131501 -01 Capital Fund Program Replacement Housing Factor Grant No: | |
| Federal FY of Grant: 10-01-2001 | | | |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | Total Actual Cost |
| 24 | Amount of line 20 Related to Energy Conservation Measures | | |

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.

| CFP5 -Year Action Plan | | |
|---|---|-------------------------------------|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement | | |
| Development Number | Development Name (or indicate PHA wide) | |
| IL131 | VASHTI VILLAGE | |
| Description of Needed Physical Improvements or Management Improvements | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| FUNDSTOBEUSEDINOPERATIONS | 80,861 | 2001 |
| FUNDSTOBEUSEDINOPERATIONS | 80,861, | 2002 |
| FUNDSTOBEUSEDINOPERATIONS | 80,861 | 2003 |
| FUNDSTOBEUSEDINOPERATIONS | 80,861 | 2004 |
| Totalestimatedcostovernext5years | 323,444 | |

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. This 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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates 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 |
|------------------------|------------------------|--------|--|-----------------------------|------------------|---------------------|
| FY1995 | | | | | | |
| FY1996 | | | | | | |
| FY1997 | | | | | | |
| FY1998 | | | | | | |
| FY1999 | | | | | | |

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 TAMatch | |
| 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 | PHEDE P 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 TAMatch | | | | | 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 -SecurityPersonnel | | | | | TotalPHDEPFunding:\$ | | |
|--------------------------------|--------------------|-------------------|------------|------------------------|-----------------------------|------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9130 –EmploymentofInvestigators | | | | | TotalPHDEPFunding:\$ | | |
|--|--------------------|-------------------|------------|------------------------|-----------------------------|------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 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 -DrugIntervention | | | | | TotalPHDEPFunding:\$ | | |
|-------------------------------|--------------------|-------------------|------------|------------------------|-----------------------------|------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 -DrugTreatment | | | | | TotalPHDEPFunding:\$ | | |
|----------------------------|--------------------|-------------------|------------|------------------------|-----------------------------|------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9190 -OtherProgramCosts | | | | | TotalPHDEPFunds:\$ | | |
|--------------------------------|---------------------|-------------------|------------|------------------------|---------------------------|------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Required Attachment D__ : Resident Member on the PHA Governing Board

1. X 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: CHRISTINE LONG

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

- Elected
- X A ppointed

C. The term of appointment is (include the date term expires): 06 -01-2005

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: 06 -01-2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): WALLACE GREEN, MERCER COUNTY BOARD CHAIRMAN

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.)

Peter Gaul – Vashti
Joan Sapp – Vashti
Opal Ruggles – Vashti
Betty Monts – Voucher

(Chosen randomly from tenant lists)

ATTACHMENT F – COMMENTS OF RESIDENT ADVISORY BOARD AND
EXPLANATION OF PHA RESPONSE.

Comments by Resident Board were:

- 1) mail packages should not be left on table on Saturdays but kept until Monday when office is open.
- 2) range hood over kitchen stoves
- 3) voiced concern over time fire truck staked together
- 4) swimming pool and restaurant on grounds
- 5) a suggestion box to be opened by advisory council first

Board response:

- 1) ED to discuss with post office to see if legal and proceed from there.
- 2) Put on list for consideration next year in budget
- 3) ED to discuss with fire chief – consensus was with volunteer fire dept nothing could be done.
- 4) Not feasible budget wise
- 5) Taken under advisement at this time.

ATTACHMENT G: ACTION PLAN – PHAS

SAFETY: Are you aware of any crime prevention programs available to residents:

Safety in building – our tenants (elderly/disabled) are not interested when asked about Neighborhood Watch, etc. Our county is a rural agricultural area and crime is minimal if not non-existent at Vashti. We continue to ask and do programs on safety.

COMMUNICATION: Do you think Management is supportive of your resident organization?

The resident organization is not representative of the tenants. They have disbanded meetings and only have social. We are continuing to work with the “officers” to ensure that tenants are having the social activities, informative meetings that are necessary. We meet with tenants on issues and try to resolve problems relating to the housing authority. We do not get involved in their feuds. Staff publishes a calendar with monthly newsletter and posts notices on bulletin boards on all 3 floors for anything going on in the building that all tenants are invited to attend. We answer any and all questions and are glad to assist in any way possible.

ATTACHMENT F: COMMENTS OF RESIDENT ADVISORY BOARD
AND
EXPLANATION OF PHA RESPONSE

COMMENTS FROM RESIDENT ADVISORY BOARD AND BOARD RESPONSE
ARE:

Semi-annual newsletter for voucher program – Staff to start newsletter

Trips for Vashito Putnam Museum, Amish Country and tour lights in Quad Cities –
Staff to investigate possibilities of adding to activities planned.

Having a Family Day with Picnic – Staff to schedule if possible.