

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

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

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

### **PHA Plan Agency Identification**

**PHA Name: Housing Authority of the City of Anthony**

**PHA Number: KS018**

**PHA Fiscal Year Beginning: (03/2001)**

#### **PHA Plan Contact Information:**

Name: Edgar Barrett

Phone: 620-842-5331

TDD:

Email (if available): meadowlark@cyberlodge.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

**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.

<b>Contents</b>	<u>Page #</u>
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i. Executive Summary (optional)	
ii. Annual Plan Information	
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2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment <u>D</u> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <u>F</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>G</u> : Membership of Resident Advisory Board or Boards	

Attachment H : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

## **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.

**This plan was reviewed by the Board of Commissioners and the Resident Advisory Board and they made no changes in policies or programs that are not covered in this update or the initial plan.**

### **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? \$70.677.00

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

1. Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next

component ; if “yes”, complete one activity description for each development.)

## 2. Activity Description

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

- 1a. Development name: 1b. Development (project) number:  
2. Activity type: Demolition Disposition  
3. Application status (select one) Approved Submitted, pending approval Planned application  
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)  
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development  
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)  
8. Timeline for activity: a.

Actual or projected

## **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? \$0
- 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? **The RAB helped formulate this plan and their input is incorporated into the plan.**
2. If yes, the comments are Attached at Attachment (**H**) **Comments of the Resident Advisory Board**
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 **H**.  
 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 **H**.
- 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: (**City of Anthony**)
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. (**See Executive Summary in Original Plan**)

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: (**See Executive Summary in Original Plan**)

### **C. Criteria for Substantial Deviation and Significant Amendments**

#### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

**B. Significant Amendment or Modification to the Annual Plan: *There is no significant deviation from the original 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.

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display Document</b>	<b>Related Plan Component</b>	<b>Supporting</b>
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Regulations (not required for this update) Annual Plans	<input checked="" type="checkbox"/> PHA Plan Certifications of Compliance with the PHA Plans and Related 5 Year and Annual Plans State/Local Government Certification of Consistency with the Consolidated Plan 5 Year and Annual Plans	
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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.

	<input checked="" type="checkbox"/> 5 Year and Annual Plans 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	
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	<input checked="" type="checkbox"/> Most recent board-approved operating budget for the public housing program <input checked="" type="checkbox"/> Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Annual Plan:
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if included in the public housing Eligibility, Selection, and Admissions Policies	Any policy governing occupancy of Police Officers in Public Housing check here A&O Policy	Annual Plan: Annual Plan:
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Eligibility, Selection, and Admissions Policies	Section 8 Administrative Plan	Annual Plan:
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public housing flat rents Rent Determination	<input checked="" type="checkbox"/> Public housing rent determination policies, including the method for setting <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Annual Plan:
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if included in the public housing Rent Determination	<input checked="" type="checkbox"/> Schedule of flat rents offered at each public housing development check here A & O Policy	Annual Plan: Annual Plan:
---	--	------------------------------

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

Assessment necessary) Sufficiency	<input checked="" type="checkbox"/> Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) Annual Plan: <input checked="" type="checkbox"/> Results of latest binding Public Housing Assessment System (PHAS) Annual Plan: Management and Operations <input checked="" type="checkbox"/> Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency	Annual Plan: Annual Plan: Annual Plan:
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included in Section 8 Administrative Plan Operations and Maintenance	Results of latest Section 8 Management Assessment System (SEMAP) Annual Plan: Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan Annual Plan:	Annual Plan: Annual Plan:
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	<input checked="" type="checkbox"/> Public housing grievance procedures check here if included in the public	
--	--	--

housing A & O Policy Annual Plan: Grievance Procedures  
 Section 8 informal review and hearing procedures check here if included in  
 Section 8 Administrative Plan Annual Plan:  
 Grievance Procedures  
 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 HOPE VI applications or, if more recent, approved or submitted HOPE  
 VI Revitalization Plans, or any other approved proposal for development of public housing Annual Plan:  
 Capital Needs  
 Self-evaluation, Needs Assessment and Transition Plan required by regulations  
 implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52  
 (HA). Annual Plan: Capital Needs  
 Approved or submitted applications for demolition and/or disposition of public  
 housing Annual Plan: Demolition and Disposition  
 Approved or submitted applications for designation of public housing (Designated  
 Housing Plans) Annual Plan: Designation of Public Housing  
 Approved or submitted assessments of reasonable revitalization of public housing  
 and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD  
 Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of  
 1937 Annual Plan: Conversion of Public Housing  
 Approved or submitted public housing homeownership programs/plans Annual Plan:  
 Policies governing any Section 8 Homeownership program (section \_\_\_\_\_ of the  
 Section 8 Administrative Plan) Annual Plan:  
 Homeownership  
 Cooperation agreement between the PHA and the TANF agency and between the  
 PHA and local employment and training service agencies Annual Plan:  
 Community Service & Self-Sufficiency  
 FSS Action Plan/s for public housing and/or Section 8 Annual Plan:  
 Community Service & Self-Sufficiency  
 Section 3 documentation required by 24 CFR Part 135, Subpart E Annual Plan:  
 Community Service & Self-Sufficiency  
 Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant)  
 grant program reports Annual Plan: Community Service & Self-Sufficiency  
 The most recent Public Housing Drug Elimination Program (PHDEP) semi-  
 annual performance report Annual Plan:  
 Safety and Crime Prevention  
 PHDEP-related documentation: · 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  
 Policy on Ownership of Pets in Public Housing Family Developments (as  
 required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O  
 Policy Pet Policy  
 The results of the most recent fiscal year audit of the PHA conducted under

Annual PI

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

PHAs Troubled PHAs: MOA/Recovery Plan Troubled

necessary) Other supporting documents (optional) (list individually; use as many lines as necessary) (specify as needed)

**ATTACHMENT D**

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

PHA Name: Housing Authority of the City of Anthony Grant Type and Number: KS16PO1850100 Capital Fund Program:

Capital Fund Program Replacement Housing Factor Grant No: Federal FY of Grant: 2001  
Original Annual Statement:03/31/2001 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	Revise
<b>Obligated</b>	<b>Expended</b>		
1	Total non-CFP Funds	\$0	
2	1406 Operations	\$3,000.00	
3	1408 Management Improvements	\$0	
4	1410 Administration	\$3,000.00	\$6,000.00
	\$2,490.89		
5	1411 Audit	\$0	
6	1415 liquidated Damages	\$0	
7	1430 Fees and Costs	\$0	
8	1440 Site Acquisition	\$7,677.00	\$7,677.00
	\$0		
9	1450 Site Improvement	\$10,950.00	\$10,950.00
	\$3,484.50		
10	1460 Dwelling Structures	\$36,800.00	\$36,800.00
	\$5,881.28		
11	1465.1 Dwelling Equipment-Nonexpendable	\$4,000.00	\$4000.00
	\$301.26		
12	1470 Nondwelling Structures	\$4,500.00	\$4,500.00
	\$1,894.25		
13	1475 Nondwelling Equipment	\$750.00	\$750.00
	\$109.46		
14	1485 Demolition	\$0	
15	1490 Replacement Reserve	\$0	
16	1492 Moving to Work Demonstration	\$0	
17	1495.1 Relocation Costs	\$0	
18	1498 Mod Used for Development	\$0	
19	1502 Contingency	\$0	
20	Amount of Annual Grant: (sum of lines 2-19)	\$70,677.00	\$70,677.00
	\$14,161.64		
21	Amount of line 20 Related to LBP Activities	\$0	
22	Amount of line 20 Related to Section 504 Compliance	\$1,000.00	\$1000.00
	\$128.00		
23	Amount of line 20 Related to Security	\$0	
24	Amount of line 20 Related to Energy Conservation Measures	\$0	

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

PHA Name:Housing Authority of the City of Anthony Grant Type and Number:KS16PO1850100 Capital Fund Program #:

Capital Fund Program Replacement Housing Factor #: Federal FY of Grant: 2001

Development Number	General Description of Major Work		Dev. Acct. No.	Quantity	Total Estimated
Total Actual	Status of				Cost
Name/HA-Wide	Categories				
Cost	Proposed				
Activities					Original
Revised	Funds	Funds	Work		
Obligated	Expended				
4			Coordinator & administrative costs	1410	\$6000.00
\$6000.00	\$2,490.89		1/3 Done		
8			Site aquisition	1440	\$7,677.00
\$7,677.00	\$0				
9			Site improvement, painting, remodeling	1450	\$10,950.00
\$10,950.00	\$3,484.50		1/3 Done		
10			Dwelling Structures, Remodeling	1460	\$36,800.00
\$36,800.00	\$5,881.28		1/6 Done		
11			Dwelling Equipment, Refr., Stoves,	1465.1	\$4000.00
\$4000.00	\$301.26		1/12 Done		
			Water Heaters		
12			Non Dwelling Structures, Sidewalks	1470	\$4,500.00
\$4,500.00	\$1,894.25		1/3 Done		
			Parking lots		
13			Non Dwelling Equipment	1475	\$750.00
\$750.00	\$109.46		1/6 Done		

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

**Part III: Implementation Schedule**

PHA Name:Housing Authority of the City of Anthony Grant Type and Number: KS16PO1850100

Capital Fund Program #:

Capital Fund Program Replacement Housing Factor #: Federal FY of Grant: 2001

Development Number	All Fund Obligated			All Funds Expended		
Reasons for Revised Target Dates						
Name/HA-Wide Activities	(Quart Ending Date		Actual	(Quarter Ending Date)		Actual
	Original	Revised		Original	Revised	
KS16-4	12/31/00		12/31/00		09/30/01	
HA Wide						
KS16-8	12/31/00		12/31/00		09/30/01	
HA Wide						
KS16-9	12/31/00		12/31/00		09/30/01	
HA Wide						

KS16-10	12/31/00	12/31/00	09/30/01
HA Wide			
KS16-11	12/31/00	12/31/00	09/30/01
HA Wide			
KS16-12	12/31/00	12/31/00	09/30/01
HA Wide			
KS16-13	12/31/00	12/31/00	09/30/01
HA Wide			

### ATTACHMENT C

## Capital Fund Program 5-Year Action Plan

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

<b>CFP 5-Year Action Plan</b>		<b>Original statement</b>	<b>Revised statement</b>
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>		
<b>Planned Start Date (HA Fiscal Year)</b>			
KS018	Anthony Housing Authority-Meadowlard Addition		
Add a pitch roof to the office building	\$23,400.00		
March, 2001			
Repair Sidewalks			
Outside building painting			
Land Acquisition			

**Total estimated cost over next 5 years**

# PHA Public Housing Drug Elimination Program Plan

## ATTACHMENT E

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 \$ 0

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

*Substance abuse is not a problem in our Housing Addition. Local Police Patrol, 911 service, and normal neighbor activities have been sufficient.*

#### **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) PHDEP Target Area(s)	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  
Date of this Submission

PHDEP Funding Received Grant #  
Grant Extensions or Waivers

Fund Balance as of  
Grant Start Date

Grant Term

FY 1995  
FY 1996  
FY 1997

FY1998  
FY 1999

## **Section 2: PHDEP Plan Goals and Budget**

### **A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### **B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

**FFY \_\_\_\_\_ PHDEP Budget Summary Original statement Revised statement dated:**

<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	

**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.

<b>9110 - Reimbursement of Law Enforcement</b>				<b>Total</b>
<b>PHDEP Funding: \$</b>				
Goal(s)				
Objectives				
Proposed Activities	# of Persons Served	Target Population	Start Date	

Funding (Amount/ Source)	Expected Complete Date	PHEDEP Funding	Other
1.	Performance Indicators		
2.			
3.			

**9115 - Special Initiative**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9116 - Gun Buyback TA Match**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

(Amount /Source)

Expected Complete Date

PHEDEP Funding

Other Funding

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

- 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

- 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

- 1.
- 2.
- 3.

**9150 - Physical Improvements**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9160 - Drug Prevention**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9170 - Drug Intervention**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9180 - Drug Treatment**

**Total PHDEP**

**Funding: \$**

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

**9190 - Other Program Costs**

**Total PHDEP**

**Funds: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

1.

2.

3.

**Required Attachment F: 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.

Other (explain): ***Board of Commissioners are appointed by the Mayor of the City and to date none have been appointed from Housing Residents.***

- B. Date of next term expiration of a governing board member: **August, 2001**
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  
**David Cherry-Mayor of the City of Anthony**

**Required Attachment G: 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.)

**Harry Arbsland-Chairman Apartment #26**  
**Laverne Jelinek-Vice Chairman- Apartment #46**  
**Kathleen Neu-Secretary-Apartment #42**  
**William Patton-Member-Apartment #39**  
**Vernon Whitmore-Member-Apartment #4**

**ATTACHMENT H**

**Comments of the Resident Advisory Board**

The Resident Advisory Board met and did a thorough review of the annual and 5 year plan. This gave them an opportunity to have a part in the small PHA Plan Update. The board has shown a great deal of interest in the planning for the present and future of the Housing Addition as well as the management portion. Their input has been incorporated into this small PHA Plan Update.