

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: Housing of Tompkinsville

PHA Number: KY-050

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

PHA Plan Contact Information:

Name: Sue Coffey, Executive Director

Phone: 1-270-487-6050

TDD: 1-800-648-6057 (voice) & 6056 (typed text)

Email (if available): housing@scrtc.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 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.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	4
3. Demolition and Disposition	4-5
4. Homeownership: Voucher Homeownership Program	6
5. Crime and Safety: PHDEP Plan	6
6. Other Information:	6
A. Resident Advisory Board Consultation Process	7
B. Statement of Consistency with Consolidated Plan	7-8
C. Criteria for Substantial Deviations and Significant Amendments	8-9
Attachments	
<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 __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

Small PHA Plan Update Page 2

Table Library

SEE Comments provided in item 1. (Summary....) Below

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.

During the first (and prior) Agency Plans’ year, the Housing Authority of Tompkinsville (HAT) had a five-year Capital Needs Assessment performed as its basis for starting its five-year Capital Improvements Programs (also known as CIAPs and now, the Capital Funds Programs [CFPs]). The first CFP (i.e., FFY2000) included funds to complete the reroofing of all remaining dwelling buildings. In subsequent CFPs, funds will be accumulated until there is sufficient funds available to construct a new non-dwelling building, i. e., Community and Office Building, to fulfill today’s needs. The HAT is currently without ANY space for resident meetings or gatherings. Also there is not sufficient office space where a confidential meeting between a resident or applicant and the Executive Director may take place without the front door to the office being locked.

Also as a part of the first year plan, we made a number of local option changes to our ACOPP since Federal Preferences were abolished and more latitude give HA to establish priorities and local accountability as a part of the Housing Act of 1998. As a part of the “local option” changes to the ACOPP, we adopted local selection preferences first for those who work or live in Monroe County; then (2nd) to “other working families”, then (3rd) to those who were either homeless or lived in substandard housing; and finally (4th) to victims of domestic violence. Additionally, HAT adopted an identical definition for Ceiling and Flat Rents and decided to keep these amounts at an amount slightly below those applicable to the Section 8 Fair Market Rents (FMRs) for Monroe County. As a part of this second year’ Plan, the Ceiling/Flat Rent amounts were increased to the same level as the Section 8 FMRs, the Minimum Rent amounts increased to \$50 (from \$30) and the Security Deposit requirements (for new residents only) increased from \$100 to \$200. Conversely, to help attract new and retain existing working families, the HAT has as a part of this second year plan, established deductions from Income-Based Rents for “FICA and Health Insurance costs” withheld from wages/salaries. HAT has adopted the Pet Policy and will enforce the new Community Service requirements for applicable unemployed adults effective with its fiscal (the subject Agency Plans’) year beginning April 1, 2001. Also, in October 2000, the Board adopted a modification to the ACOPP tenant selection and assignment plan, whereby any applicant who refuses a unit offer, without good cause, will be removed from HAT’s waiting list and that applicant will not considered eligible for placement on that list for 6 months thereafter.

2. Capital Improvement Needs

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? \$65,801.

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 NOT APPLICABLE - HA of Tompkinsville

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:
- Actual or projected start date of activity:
 - Actual or projected start date of relocation activities:
 - 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 NOT APPLICABLE HA of TOMPKINSVILLE

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? NOT APPLICABLE
- 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 __N/A__

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) See 3. "Other" below
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) The Resident Council suggested more "backyard" lighting at select location(s) at both sites. The Housing Authority is concerning this and if appropriate, will use FFY2000 CFP monies to pay for it. Additionally, the residents were very supportive of the construction of a Community and (new) Office Building. They also had some concerns about Pets in Public Housing but were understanding of the Federal requirements laid upon the Housing Authority and expressed hopes that the Authority would hold fast in enforcing the proposed Pet Policy rules.

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) Commonwealth of Kentucky (KY Housing Corp.) State Plan
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)
 This year's Plan again addresses occupancy for extremely low through low-income applicants and occupants. It "caps" the rent at the lesser of the income-based (30% of adjusted income) rents or the Ceiling/Flat rent amount for the bedroom size unit leased. The Ceiling/Flat rent amount is equal to the Section 8 Fair Market Rents (FMRs) for Monroe County. This "choice" should help maintain "affordability" for occupants and applicants. We will continue our five-year capital improvement plan to enhance the living environment for eligible individuals and families who are occupants and those who gain occupancy in the future.
- 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)

The State Consolidated Plan sets forth the following, with which the HAT's activities are consistent: "Expand the supply of safe, decent, sanitary and affordable housing for very-low and low-income families through ...rehabilitation..."

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:

- 1.) Redirection of more than 20% of its operating budget funds from any budgeted/scheduled activity to another activity or:
- 2.) A major change in program direction (e.g., new or different housing selection preference criterion, new or changes to deductions from income-based rents, additional efforts to enhance deconcentration opportunities, changes in the basis of determining Ceiling/Flat rent amounts, etc.) that requires action on the part of the Board of Commissioners; or

3.) Increasing or decreasing the total number of HAT employees by more than 49% from that authorized on the April 1st of each fiscal year.

However, NONE of these changes will be considered a Substantial Deviation IF those changes result from Government (i.e., Federal, State, or Local) actions over which the HAT exercises no control.

B. Significant Amendment or Modification to the Annual Plan:

- 1.) Changes to rent or admission policies or organization of its waiting list.
- 2.) Additions of non-emergency work items (not included in the current Annual Statement or 5-Year Action Plan) or change in use of the replacement reserve funds under the Capital Grant Funds Program.
- 3.) Any change with regard to demolition or disposition, designation of projects/buildings (for the elderly/disabled or families with disabilities), homeownership programs or conversion activities.

However, NONE of these changes will be considered Substantial Amendments/Modifications IF those changes result from Government (i.e., Federal, State, of Local) actions over which the HAT exercises no control.

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	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
	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
X	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <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
X	Community Service Requirement Implementation Plan & Report on First Year Plan Goals/Objectives	Annual Plan Notice PIH 2000-43

Annual Statement/Performance and Evaluation Report ATTACHMENT B.			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/			
PHA Name: Housing Authority of Tompkinsville		Grant Type and Number Capital Fund Program: 502 Capital Fund Program Replacement Housing Factor Grant No:	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised A	
<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	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations		
3	1408 Management Improvements		
4	1410 Administration		
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs	\$ 5,000.00	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures		

**Annual Statement/Performance and Evaluation Report ATTACHMENT B.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/**

PHA Name: Housing Authority of Tompkinsville		Grant Type and Number Capital Fund Program: 502 Capital Fund Program Replacement Housing Factor Grant No:		
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised A		
<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		
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Nondwelling Structures	\$ 7,500.00		
13	1475 Nondwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve	\$ 53,301.00		
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)	\$ 65,801.00		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Capital Fund Program 5-Year Action Plan ATTACHMENT C.

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

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KY 050-01	Greenhills site & Jackson Street site	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
<p>Community & Office Building (estimated TOTAL costs, including site work of \$140,000.) FFY2001 set aside of \$53,301, leaving a balance of \$98,515.</p> <p>There are NO other individual capital or management improvement items estimated to costs \$25,000 or more.</p>		\$86,699.
		4-2002/3
Total estimated cost over next 5 years		\$250,000.

PHA Public Housing Drug Elimination Program Plan

NOT APPLICABLE to HA of Tompkinsville

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 NOT APPLICABLE to the HA of Tompkinsville.

B. Eligibility type (Indicate with an “x”) N1_____ N2_____
R_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months_____ 18 Months_____ 24 Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						

FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget NOT APPLICABLE

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

Required Attachment D : Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

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

Elected

Appointed

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

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: January 2001, then January 2002.

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

Mayor Michael McPherson is the appointing authority for the other four Board (of Commissioners) members. By the nature of election to the office of Mayor, the incumbent of that position is automatically a member of all KY "city" housing authorities, and as such is the appointing authority for the other Board members.

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.)

The Housing Authority of Tompkinsville Resident Council (i.e., its Resident Advisory Board) consist of Julie Kirk from the Jackson Street site, and Jo Ann Tooley, Farley Milam, and Maoma Walden from the Greenhills site.