

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **2001**

PHA Plan Agency Identification

PHA Name: Housing Authority of Franklin

PHA Number: KY099

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

PHA Plan Contact Information:

Name: Melodie Wood

Phone: 270-586-8500

TDD: 1-800-648-6056

Email (if available): franklin_ha@kih.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

[24 CFR Part 903.7]

i. Table of Contents

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

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| <input type="checkbox"/> Other (List below, providing each attachment name) | |

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

Our Annual Plan is based on the premise that if we accomplish our goals and objectives set forth in our 5-year plan we will be working towards the achievement of our mission. This is our second year in the 5-year plan and small accomplishments are being made. The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives and are consistent with the Kentucky Statewide Consolidated Plan. Here are just a few highlights of our Annual Plan:

We have appointed a resident to the Board of Commissioners. That resident is also the President of the Resident Advisory Board for our Housing Authority.

A new ACCOP has been adopted with a new lease, pet policy, and the community service plan.

Our PHDEP program is very successful. Our resident surveys show that the majority of our residents feel safe in our neighborhood.

One of our goals will be met at the end of this fiscal year through the Capital Fund Program. Central Heat and Air is expected to be installed in the Family Units this year.

In summary, we are on course to improve the condition of affordable housing in Franklin.

1. Summary of Policy or Program Changes for the Upcoming Year

Our ACCOP was amended this year to include the Community Service Policy and Pet Policy. Our Lease was also revised to include the two new policies.

Community Service: Our written description of the program was developed using the instructions in the PIH 2000-22 notice. The new program was written and then adopted by the Board of Commissioners on August 10, 2000. The residents were then notified at the annual re-examination in September, 2000. The Executive Director and the Administrative Assistant will administer the program. Our Agency has also signed a cooperative agreement with the local TANF office.

Pet Policy: Our policy was written and adopted by the Board of Coommissioners on August 10, 2000. All residents were notified at their re-examination. The policy is enforced by our Security Guards. Each resident household is allowed to have one pet. The policy does not apply to animals that are used to assist persons with disabilities. A pet deposit of \$50.00 is required for each pet.

Lease: Our lease was revised to include both of the above policies. The lease was given to the board as a proposed lease and sent to the residents for comment. After 45 days and no comments from the residents, the lease was adopted in December, 2000.

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? \$ 205,526.00

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 A

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ 25,215.00
- 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 C

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)
- 3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment ____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA’s consideration is included at the at the end of the RAB Comments in Attachment ____.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: The State of Kentucky

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)

Initiatives: To target extremely-low or low-income households.

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):

To provide affordable housing to the extremely-low and low-income families in the Simpson County Area.

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:

- Additions of work items to the Capital Fund program that might be defined as moderate or severe under the PHAS inspection.
- Changes to rent or admissions policies.
- An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

B. Significant Amendment or Modification to the Annual Plan:

- Additions of new activities not included in the current PHDEP Plan.
- Changes to rules and regulations governing occupancy.
- Lease modifications.

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 |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Any policy governing occupancy of Police Officers in Public Housing <input checked="" 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 |

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

| 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 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 |
| X | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |
| X | 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 |

| 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/

| | |
|---|---|
| PHA Name: Housing Authority of Franklin | Grant Type and Number Capital Fund Program: KY36P09950201 Capital Fund Program : Replacement Housing Factor Grant No: |
|---|---|

| | |
|--|---|
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised A <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 | 35000.00 | |
| 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 | 170526.00 | |
| 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) | 205526.00 | |
| 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 | 35000.00 | |
| 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.

| CFP 5-Year Action Plan | | |
|--|--|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement | | |
| Development Number | Development Name (or indicate PHA wide) | |
| KY099-001 | Ashmore Village | |
| Description of Needed Physical Improvements or Management Improvements | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Replace existing electrical service to include new Air Conditioning and dryer outlets for 70 units | 182,000 | 2002 |
| Install new air-conditioning in 70 units | 112,000 | 2002 |
| New Dryer Outlets | 5,250 | 2002 |
| New Dryer Vents | 21,000 | 2002 |
| Upgrade Playground Equipment and Basketball court | 75,000 | 2003 |
| Replace missing handrails on front/back porches | 26,000 | 2003 |
| Landscape/tree replacement | 84,000 | 2004 |
| Sidewalk Replacement | 64,000 | 2004 |
| Fence replacement/repair | 40,000 | 2005 |
| Upgrade maintenance workshop | 125,000 | 2005 |
| Total estimated cost over next 5 years | 734,250 | |

| | | | | | | |
|----------|--------|----------------|--------|--|----------|----------|
| FY 1995 | | | | | | |
| FY 1996 | | | | | | |
| FY 1997X | 54,500 | KY36DEP0990197 | 0 | | 1-1-99 | 3-31-00 |
| FY1998X | 50,000 | KY36DEP0990198 | 0 | | 1-1-99 | 5-31-00 |
| FY 1999X | 25,000 | KY36DEP0990199 | 0 | | 4-1-00 | 12-31-00 |
| FY2001X | 25,250 | KY36DEP0990100 | 15,308 | | 09-01-00 | 12-31-01 |

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.

The Housing Authority of Franklin plans to continue our efforts to provide safe housing to our low-income residents. Security guards will patrol nightly. Their objective is to enforce the rules and regulations governing occupancy and provide assistance to all residents. The role of the security is to enforce the rules and regulations governing occupancy and protect our residents. The Executive Director monitors activity weekly and the City Police conduct quarterly evaluations and training.

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 | 25,215 |
| 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 | 25,215 |

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) | |
| 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) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|------------------------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|--|
| 9116 - Gun Buyback TA Match | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|----------------------------------|--|---|-------------------|------------|------------------------|---------------------------------------|--------------------------------|
| 9120 - Security Personnel | | | | | | Total PHDEP Funding: \$ 25,000 | |
| Goal(s) | | To provide safe housing to low-income families | | | | | |
| Objectives | | Enforce the rules and regulations and lease as well as protection for residents | | | | | |
| Proposed Activities | | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) |
| 1.Patrol | | | | 4-1-01 | 3-31-02 | 25,215 | 35,000 |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|---|--|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|
| 9130 – Employment of Investigators | | | | | | Total PHDEP Funding: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) |
| 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 | PHDEP Funding | Other Funding (Amount /Source) |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

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

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

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

| | | | | | | | |
|-----------------------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|--|
| 9190 - Other Program Costs | | | | | | Total PHDEP Funds: \$ | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Required Attachment _E___: 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: Janet McGuire

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 12-31-2003

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: 1-1-2002

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

Mayor Jim Arnold, City of Franklin, Kentucky

Required Attachment ___F___: 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 talked with several residents one on one with no results. A letter was sent to every household with no response. The resident that did agree to serve on the board is not willing to do much else. The majority of the residents would tell us that they like the way we were running the Authority . We tried to explain that this would help us, but no one is interested. I have no other choice but to appoint all residents of the Housing Authority.