

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: WINN PARISH POLICE JURY SECTION 8 HOUSING

PHA Number: LA-257

PHA Fiscal Year Beginning: (mm/yyyy) 01/01/01

PHA Plan Contact Information:

Name: BILLY ROWELL

Phone: (318)628-1014

TDD:

Email (if available): winnha@iamerica.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:

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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PHA Plan text) 17

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

INFORMATION WILL BE THE SAME AS 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.

NO CHANGES,

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? \$ _____N/A_____

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

2. Activity Description

Demolition/Disposition Activity Description

(Not including Activities Associated with HOPE VI or Conversion Activities)

1a. Development name:

1b. Development (project) number:

2. Activity type: Demolition

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 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.

- . 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? \$ _____N/A_____

- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

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: (WINN PARISH)

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)
 - XX 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)

- . PHA Requests for support from the Consolidated Plan Agency
 - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

N O N E

B. Significant Amendment or Modification to the Annual Plan:

N O N E

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

On Display	Supporting Document	Applicable & 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
	Fair Housing Documentation Supporting Fair Housing Certification 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
	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	
	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	

check here if included in the public housing

A&O Policy Annual Plan: Eligibility, Selection, and Admissions Policies

X Section 8 Administrative Plan
Annual Plan: Eligibility, Selection, and Admissions Policies
Public housing rent determination policies, including the method for setting public housing rents
check here if included in the public housing

A & O Policy Annual Plan: Rent Determination
Schedule of flat rents offered at each public housing development
check here if included in the public housing

A & O Policy Annual Plan: Rent Determination

X Section 8 rent determination (payment standard) policies
check here if included in Section 8 Administrative Plan Annual Plan: Rent Determination
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
Results of latest binding Public Housing Assessment System (PHAS) Assessment Annual Plan:
Management and Operations
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

X Any required policies governing any Section 8 special housing
check here if included in Section 8 Administrative Plan Annual Plan: Operations and Maintenance
Public housing grievance procedures
check here if included in the public housing

A & O Policy Annual Plan: Grievance Procedures

X Section 8 informal review and hearing procedures

XX 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 grant 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 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
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 1947 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
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

XX 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

- 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)
- 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

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

Part II: Supporting Pages

PHA Name: **Grant Type and Number**

Capital Fund Program #:

Capital Fund Program

Replacement Housing Factor #: **Federal FY of Grant:**

Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total	
Estimated Cost	Total Actual Cost	Status of Proposed	Original	Revised Funds Obligated	Funds Expended
Name/HA-Wide Activities	Work				

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

Part III: Implementation Schedule

PHA Name: **Grant Type and Number**

Capital Fund Program #:

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

(Quarter Ending Date)	Development Number	Name/HA-Wide Activities All Fund Obligated		All Funds Expended	
		(Quart Ending Date)			
		Reasons for Revised Target Dates			
		Original	Revised	Actual	Actual

N / A

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

Original statement	Revised statement
Development Number	Development Name
(or indicate PHA wide)	

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned
Start Date		
(HA Fiscal Year)		

N / A

Total estimated cost over next 5 years

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

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)

N / A

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 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	N / A
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 ~~part~~our system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

N / A

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

N / A

9130 - Employment of Investigators

9140 - Voluntary Tenant Patrol

9150 - Physical Improvements

9160 - Drug Prevention

9170 - Drug Intervention

9180 - Drug Treatment

9190 - Other Program Costs

TOTAL PHDEP FUNDING

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement Total PHDEP Funding: \$

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

9115 - Special Initiative Total PHDEP Funding: \$

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

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)Performance Indicators				
1.				
2.				
3.				
N / A				

9120 - Security Personnel Total PHDEP Funding: \$

Goal(s)
Objectives

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

9130 – Employment of Investigators Total PHDEP Funding: \$

Goal(s)
Objectives

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

9140 – Voluntary Tenant Patrol Total PHDEP Funding: \$

Goal(s)
Objectives

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

9150 - Physical Improvements Total PHDEP Funding: \$

Goal(s)
Objectives

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

3. N / A

9160 - Drug Prevention Total PHDEP Funding: \$

Goal(s)
Objectives

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

9170 - Drug Intervention Total PHDEP Funding: \$

Goal(s)
Objectives

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

9180 - Drug Treatment Total PHDEP Funding: \$

Goal(s)
Objectives

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

9190 - Other Program Costs Total PHDEP Funds: \$

Goal(s)
Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete
(Amount /Source)	Date	PHEDEP Funding	Other Funding	
Performance Indicators				

- 1.
- 2.
- 3.

N / A

Required Attachment ____: 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:

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

N/A

Required Attachment __N/A__: 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.) N/A