

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: NEGAUNEE HOUSING COMMISSION

PHA Number: MI068

PHA Fiscal Year Beginning: 01/2001

PHA Plan Contact Information:

Name: MARCIA M. WATERS

Phone: (906) 475-9107

TDD: _____

Email: mmwaters@bresnanlink.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
Mi068001
[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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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The mission of the Negaunee Housing Commission is to be the area's affordable housing of choice, by providing and maintaining drug free, decent, safe, and sanitary housing in a cost-effective manner for eligible families. By providing options that promote maximum independence and dignity, yet make available services necessary to insure security and peace of mind for the residents.

Lakeview Apartments are a vital part of our community offering a family oriented atmosphere. Negaunee Housing Commission has established a reputation of caring, while providing safe affordable housing. Besides providing housing there are programs and services that help meet the needs of the current residents as well as the housing needs of our community. Quality home health care in our area is for people of all ages with either a temporary or a need for long-term assistance.

The dramatic change in the housing market conditions in the local has made it extremely difficult to lease very small apartments with no storage space when there are more desirable units (with storage, more floor space, air conditioning, carports, washer and dryer hook-ups in the units) available. Prospective residents choose larger more modern apartments with competitive rent.

Recently a video entitled "Recapture Your Dream" An Inside Look at the Lakeview Apartments was created. It is a wonderful video that will be used at presentations and organizational meetings to get as many outside organizations aware of what Lakeview Apartments has to offer. I strongly believe the Negaunee Housing Commission, Lakeview Apartments are a great asset in the community and I want the public to know. The dedicated staff and Commissioners make Lakeview Apartments a warm and inviting home to each resident and their family. It is always remembered that the residents are our ultimate customers and a great source of advertisement.

The Annual Plan is an outline of what we are currently doing plus goals and objectives to continue to improve all aspects of Negaunee Housing Commission's Lakeview Apartments.

The plans, goals, objectives, policies and financial summary are the means by which the mission of the Negaunee Housing Commission will be accomplished and will be consistent with the Consolidated Plan.

Again, I must state that I strongly believe Negaunee Housing Commission's Lakeview Apartments are an asset to the community and I am pleased to represent Public Housing in Negaunee.

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.

✍ The Negaunee Housing Commission implemented the "Community Service" requirement October 1, 1999. Upon admission, questionnaires will be filled out indicating the status of the applicant. An applicant is exempt if he/she is elderly (62 years or older) and/or disabled. A form will be placed in the applicant's file indicating the exemption. If the applicant is not exempt, as part of the resident's lease, the applicant is required to participate in the Community Service Program and perform eight (8) hours of community service per month. Tracking forms are available at the main administrative office of the Negaunee Housing Commission.

✍ The Negaunee Housing Commission, though not required to do so, has implemented a "Pet Policy" at the Lakeview Apartments. The Pet Policy does not apply any restriction to animals that assist persons with disabilities other than those associated with maintaining a sanitary, safe, and decent residence and refraining from disturbing other residents. Residents need prior approval by the Housing Commission before a pet is moved into the apartment. To cover any possible damage done by the pet, a pet deposit is required. All inoculations must be given to the approved pet along with the pet being neutered/spayed. Specific rules need to be followed by the resident with the pet, such as leash laws, cleaning up after the pet, and not allowing the pet to be a nuisance/disturbance to other residents. A complete copy of the Pet Policy is available at the main administrative office of the Negaunee Housing Commission located at 98 Croix Street, Negaunee, Michigan 49866.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. X Yes ___ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$101880.00

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment mi068b001

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment mi068a001

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 <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 X 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 (N/A)

[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? \$ _____

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. X 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 **mi068e001 Resident Advisory Board (RAB)**

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 end of the RAB Comments in Attachment ____.

X Other: **Resident Advisory Board Recommendations/Comments**

✎ Community Service Requirement was an issue of concern. It was discussed at length explaining what Community Service meant, who would be required to do Community Service, who was exempt, the tracking tools in place and examples of the task that a resident may choose to do as an assignment.

✎ The ACOP was discussed. Many of the residents do not particularly like when a resident with a disability is admitted. Its seems that many residents feel an individual with a disability should not be in Public Housing. This issue was discussed in great detail. I believe that the residents present fully understood the process and who qualifies to live in Public Housing.

✎ Capital Funds were discussed next. Specific items were questioned such as kick plates, gate valves, bathroom doors, medicine cabinets, handrails, microwaves and **STORAGE.**

✎ The comment was made that this is very complicated for seniors to have to get involved in. "It was very interesting and easy to understand the way I presented the material, however it is very overwhelming in general."

✎ Each resident that took an active role was thanked personally. The Resident Advisory Committee members are: Betty Hockin, Inona Certo, Ingrid Anderson and Bruce Anderson. A big thank you to each resident for taking an active role in our Agency Plan.

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:

State of Michigan.

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.

✓ #2) Improve and preserve the existing affordable housing stock and neighborhoods (with the use of Capital Funds); and

✓ #5) Develop linkages between housing and service sectors to provide greater housing opportunities for households with special needs.

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:

✓ A goal of Michigan State Housing Development Authority Consolidate Plan is to improve and preserve the existing affordable housing stock and neighborhoods. Another goal is to develop linkages between housing and service sectors to provide greater housing opportunities for households with special needs.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

The Negaunee Housing Commission defines substantial deviation or significant amendments or modifications are discretionary changes in the plans or policies of the housing commission that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval by the Board of Commissioners.

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 Michigan	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
N/A	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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Section 8 rent determination (payment standard) policies ___ 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
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types ___ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ___ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures ___ 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
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	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
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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) _____ 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
N/A	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 - ATTACHMENT mi068a001					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: NEGAUNEE HOUSING COMMISSION		Grant Type and Number Capital Fund Program: Capital Fund Program: MI33P06850100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
X Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:			
__ Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	.00			
2	1406 Operations	9,288.00			
3	1408 Management Improvements	3,750.00			
4	1410 Administration	.00			
5	1411 Audit	.00			
6	1415 liquidated Damages	.00			
7	1430 Fees and Costs	12,150.00			
8	1440 Site Acquisition	.00			
9	1450 Site Improvement	.00			
10	1460 Dwelling Structures	1500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	.00			
12	1470 Nondwelling Structures	66,836.00			
13	1475 Nondwelling Equipment	4,150.00			
14	1485 Demolition	.00			
15	1490 Replacement Reserve	.00			
16	1492 Moving to Work Demonstration	.00			
17	1495.1 Relocation Costs	.00			
18	1498 Mod Used for Development	.00			
19	1502 Contingency	101,880.00			
20	Amount of Annual Grant: (sum of lines 2-19)	.00			
21	Amount of line 20 Related to LBP Activities	.00			
22	Amount of line 20 Related to Section 504 Compliance	.00			

Annual Statement/Performance and Evaluation Report - ATTACHMENT mi068a001 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: NEGAUNEE HOUSING COMMISSION		Grant Type and Number Capital Fund Program: Capital Fund Program: MI33P06850100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
X Original Annual Statement ___ Performance and Evaluation Report for Period Ending:		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
23	Amount of line 20 Related to Security	.00				
24	Amount of line 20 Related to Energy Conservation Measures	.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: NEGAUNEE HOUSING COMMISSION			Grant Type and Number Capital Fund Program #: MI33P06850100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <p style="text-align: center;">2000</p>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MI068001 & 002	SECRETARY	1406		88039.00				
MI068001 & 002	MAINTENANCE OVER TIME	1406		650.00				
MI068001 & 002	ADVERTISEMENT	1406		600.00				
MI068001 & 002	MANAGEMENT IMPROVEMENTS	1408		3750.00				
MI068001 & 002	ARCHITECT FEE	1430		12,150.00				
MI068001	OUTSIDE DOOR – APT. 112	1460		1500.00				
MI068001	RESIDENTIAL STORAGE – OUTER SHELL	1470		66,836.00				
MI068001 & 002	COMPUTER & MAINT. EQUIPMENT	1475		4,150.00				
MI068001 & 002	CONTINGENCY	1502		4,205.00				

Capital Fund Program 5-Year Action Plan - ATTACHMENT mi068b001

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 type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number MI068	Development Name NEGAUNEE HOUSING COMMISSION (or indicate PHA wide) --HOUSING WIDE--	
MI068001 MI068002	LAKEVIEW APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Advertisement, Emergency O.T. Maintenance, office secretary	48,806.00	2001, 2002, 2003, 2004, 2005
Management Improvements	36,750.00	2001, 2002, 2003, 2004, 2005
Architect Fee	32,146.00	2001, 2002, 2003, 2004, 2005
Landscape Improvements (sidewalk replacement, plant shade trees, privacy wall, additional parking, patio renovation, install lighting)	40,500.00	2004, 2005
Building Improvements (Apt. 112 door, door handle, handrails, lavatory renovation, bedroom light/fan, installation – carpeting & microwaves)	128,175.00	2001, 2002, 2003, 2004, 2005
Residential Improvements – Non-dwelling	131,836.00	2001, 2002
Maintenance/Computer equipment, machinery – snow blower, tractor, furniture	67,621.00	2001, 2002, 2003, 2004, 2005
Contingency	10,694.00	2001, 2002, 2003, 2004, 2005
Total estimated cost over next 5 years	496,528.00	

PHA Public Housing Drug Elimination Program Plan N/A

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)

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

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.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
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)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

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

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

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

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - 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)	Performance Indicators
1.							

2.							
3.							

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

Required Attachment mi068c001: Resident Member on the PHA Governing Board

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

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

B. How was the resident board member selected:

- ____ Elected
- X Appointed (by City Manager)

C. The term of appointment is: Effective – August 19, 1999, to finish the balance of our first resident board member, Mr. John Coleman, who had to resign his position. Mrs. Dahlstrom’s term expires January, 2002.

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

- ____ 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

C. Name and title of appointing official(s) for governing board:

Mr. Thomas Manninen
Negaunee City Manager

Required Attachment mi068d001: Membership of the Resident Advisory Board or Boards

Mrs. Betty Hockin, 98 Croix Street #267, Negaunee, Michigan 49866

Mrs. Inona Certo, 98 Croix Street #135, Negaunee, Michigan 49866

Mrs. Ingrid Anderson, 98 Croix Street #262, Negaunee, Michigan 49866

Mr. Bruce Anderson, 98 Croix Street #266, Negaunee, Michigan 49866

Attachment mi068e001: Resident Advisory Board Recommendations/Comments

- ✎ Community Service Requirement was an issue of concern. It was discussed at length explaining what Community Service meant, who would be required to do Community Service, who was exempt, the tracking tools in place and examples of the task that a resident may choose to do as an assignment.
- ✎ The ACOP was discussed. Many of the residents do not particularly like when a resident with a disability is admitted. It seems that many residents feel an individual with a disability should not be in Public Housing. This issue was discussed in great detail. I believe that the residents present fully understood the process and who qualifies to live in Public Housing.
- ✎ Capital Funds were discussed next. Specific items were questioned such as kick plates, gate valves, bathroom doors, medicine cabinets, handrails, microwaves and **STORAGE.**
- ✎ The comment was made that this is very complicated for seniors to have to get involved in. “It was very interesting and easy to understand the way I presented the material, however it is very overwhelming in general.”
- ✎ Each resident that took an active role was thanked personally. The Resident Advisory Committee members are: Betty Hockin, Inona Certo, Ingrid Anderson and Bruce Anderson. A big thank you to each resident for taking an active role in our Agency Plan.

**Attachment mi068f001: Resident Council Members of Negaunee
Housing Commission – Lakeview Apartments**

Mrs. Olive Huot, 98 Croix Street #127, Negaunee, Michigan 49866

Mrs. Hazel Warner, 98 Croix Street #229, Negaunee, Michigan 49866

Mrs. Aune LaForest, 98 Croix Street #138, Negaunee, Michigan 49866

Mrs. Mary Van Sickle, 98 Croix Street #258, Negaunee, Michigan 49866

Mrs. Viola Kivikko, 98 Croix Street #118, Negaunee, Michigan 49866

Mrs. Harriet Anderson, 98 Croix Street #265, Negaunee, Michigan 49866

Mrs. June Risdon, 98 Croix Street #256, Negaunee, Michigan 49866

Mr. Ray Sarasin, 98 Croix Street #257, Negaunee, Michigan 49866

Mr. Robert Gunderson, 98 Croix Street #268, Negaunee, Michigan 49866
