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

Rev. 3

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Moorhead Public Housing Agency

PHA Number: MN 017

PHA Fiscal Year Beginning: (mm/yyyy) 07-01-2002

PHA Plan Contact Information:

Name: Byron Brink
Phone: 218-299-5458
TDD: 218-299-5458
Email (if available): byron.brink@ci.moorhead.mn.us

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

x 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)

x 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)

x Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

X Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

Annual PHA Plan
Fiscal Year 2002
[24 CFR Part 903.7]

i. Table of Contents

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

Contents Page #

Annual Plan
i Annual Plan Information
iii. Table of Contents
1. Capital Improvement Needs
3. Demolition and Disposition N/A
4. Homeownership: Voucher Homeownership Program N/A
5. Crime and Safety: PHDEP Plan N/A Drug Plan – "None"
6. Other Information:
   A. Resident Advisory Board Consultation Process
   B. Statement of Consistency with Consolidated Plan
   C. Criteria for Substantial Deviations and Significant Amendments N/A

Attachments
X Attachment A : Supporting Documents Available for Review
X Attachment B : Capital Fund Program Annual Statement
☒ Attachment C : Capital Fund Program 5 Year Action Plan
X Attachment __: Resident Membership on PHA Board or Governing Body
X Attachment __: Membership of Resident Advisory Board or Boards
X Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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.

We have made no changes in our Policy or Program for the Upcoming Year.

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? $ __346,643.00_____

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

(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.)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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 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

[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 X 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 X 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 X 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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

X 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: City of Moorhead, MN

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.
X 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)

3. PHA Requests for support from the Consolidated Plan Agency

Yes X 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: None

B. Significant Amendment or Modification to the Annual Plan: None

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
	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
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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X 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
	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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X 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
	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
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name:	Grant Type and Number C.I.A.P.	Federal FY of Grant:
Moorhead Public Housing Agency	Capital Fund Program: X MN 46PO1750101 Capital Fund Program Replacement Housing Factor Grant No:	2001

☒ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 3)
☐ Performance and Evaluation Report for Period Ending: 03-31-2001 ☐ 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				
2	1406 Operations	$ 70,000.00			
3	1408 Management Improvements				
4	1410 Administration	$ 9,466.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	$ 20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$247,177.00			
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)	$346,643.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

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

PHA Name: Moorhead Public Housing Agency	Grant Type and Number C.I.A.P. Capital Fund Program: X MN 46PO1750101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 3)
☐ **Performance and Evaluation Report for Period Ending: 03-31-2001** ☐ **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				
	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: Moorhead Public Housing Agency	Grant Type and Number C.I. A.P. Capital Fund Program #: MN 46P01750101 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2001

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	
MN 17-1	Re-Roof all existing town house type family units as necessary, Replace waste piping throughout the entire family housing development	1460	46	$247,177.00				
MN 17-1	Administration	1410	LS	9,466.00				
MN 17-1	Hire Architect	1430	LS	20,000.00				
HA-Wide	Operations	1406	LS	70,000.00				

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

PHA Name: Moorhead Public Housing Agency		**Grant Type and Number C.I. A.P.** Capital Fund Program #: MN 46P01750101 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant:** 2001		
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	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Moorhead Public Housing Agency	**Grant Type and Number** Capital Fund Program #: MN 46PO1750101 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN 17-1	03/31/2003			09-30-2004			

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) Moorhead Public Housing Agency Wide**		
MN 017-1	**Improve parking facilities, sidewalks and driveways. Increase parking lot size, resurface existing lots and landscape.**	**$195,000.00**	**2002**
	Re-roof all existing housing as necessary for family units	**$150,000.00**	**2002 & 2003**
	Replace all plumbing waste piping throughout all units and commons areas	**$350,000.00**	**2003 & 2004**
	Do structural repairs to family housing as necessary to create physical stability.	**$280,000.00**	**2003 & 2004**
	Install privacy fences	**$ 80,000.00**	**2004**
	Improve facility's security by installing key card system and surveillance cameras.	**$ 30,000.00**	**2004**
	Remodel administration facilities and upgrade all office equipment including computers.	**$ 60,000.00**	**2004 & 2005**
	Replace Hot Water Boilers/Furnaces for 14 Story high rise & family units	**$290,000.00**	**2005 & 2006**
	Total estimated cost over next 5 years	**$1,435,000.00**	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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.

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
MN 017-2	**Heatherwood – Village Green**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Replace concrete garage floors, driveway slabs, sidewalks, and entry steps. Landscape yards, install privacy fences and trees.	**$150,000.00**	**2005**
Total estimated cost over next 5 years	**$150,000.00**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
MN 017-3	**Sharp View Elderly Housing**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Repair and resurface asphalt driveway, replace concrete patio slab, driveway, sidewalks where necessary. Install Air conditioning sleeves and outlets and replace lobby furniture	**$100,000.00**	**2005**
Total estimated cost over next 5 years	**$100,000.00**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
MN 017-4	**Scattered Site Family Housing**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Re-roof, Replace concrete Driveway Slabs & Sidewalks, Replace Floor Covering and Windows as necessary.	**$221,000.00**	**2005**
Total estimated cost over next 5 years	**$221,000.00**	

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: Mr. John Keating

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

☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): January 31, 2006

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

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: January 31, 2002

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

Required Attachment _____: 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.)

Grace Wolsky and Ruth Miller

The two women named above were the only two who responded with any interest out of 275 plus letters sent requesting their interest and participation. Below are the minutes from the Tenant Advisory Board Meeting.

Moorhead Public Housing Agency
Tenant Advisory Board Meeting
Sharp View community Room
March 13, 2000
5:05 PM
Attendees: Grace Wolsky, Sharp View Senior Facility Tenant,
Ruth Miller, River View Heights Tenant,
Byron Brink, MPHA Executive Director
Connie E. Motschenbacher, MPHA Staff

Introductions were made by Byron Brink. Grace Wolsky asked what the purpose of the meeting was. Brink explained that it was a HUD requirement to tell the tenants that they were to be able to organize as a group and provide input into a plan of what the future needs of the Moorhead Public Housing Agency would be in regard to operations and physical needs. Ruth Miller wanted to know how this would affect the tenants. Miller was informed that Brink was there to get response from those tenants who indicated an interest in being part of the resident advisory board, and what their wants and needs as tenants were and what if any input they have in planning for future MPHA needs.

Wolsky asked about what physical improvements were scheduled for Sharp View, where she resides. They discussed what MPHA had planned for the year 2000 capital Funds. Miller asked the same question of what improvements were planned for her building at River View Heights. Miller and Wolsky were told that if they would like to meet again in the future to please inform Brink.
Meeting adjourned at 5:25 PM.

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

PHA Name:	Grant Type and Number C.I.A.P.	Federal FY of Grant:
Moorhead Public Housing Agency	Capital Fund Program: X MN 46PO1750100 Capital Fund Program Replacement Housing Factor Grant No:	**2000**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** X **Revised Annual Statement (revision no:** 1)
☐ **Performance and Evaluation Report for Period Ending: 03-31-2000** ☐ **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				
2	1406 Operations	$ 110,000.00	$110,000.00	- 0 -	- 0 -
3	1408 Management Improvements				
4	1410 Administration	$ 10,200.00	$ 10,200.00	- 0 -	- 0 -
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	- 0 -	$ 30,200.00		- 0-
8	1440 Site Acquisition				
9	1450 Site Improvement	- 0 -	$ 10,000.00		
10	1460 Dwelling Structures	$220,902.00	$180,702.00	- 0 -	- 0 -
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				

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

PHA Name:	Grant Type and Number C.I.A.P.	Federal FY of Grant:
Moorhead Public Housing Agency	Capital Fund Program: X MN 46PO1750100 Capital Fund Program Replacement Housing Factor Grant No:	2000

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** X **Revised Annual Statement (revision no:** 1)
☐ **Performance and Evaluation Report for Period Ending: 03-31-2000** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	$341,102.00	$341,102.00		-0-
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				
	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: Moorhead Public Housing Agency	Grant Type and Number C.I. A.P. Capital Fund Program #: MN 46P01750100 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2000

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	
HA - Wide	Operations	1406		$110,000	$110,000.00			
HA - Wide	Project Administration	1410		10,200	$ 10,200.00			
HA - Wide	Fees & Costs	1430		0	$ 30,200.00	0	0	
MN 17-3	Landscaping	1450		0	$ 10,000.00			
MN 17-3	Roofing, Exterior Wall Repair, Floor Covering, Wall Covering, Painting, Air Handling & Heating System Upgrading	1460		0	$173,702.00			
MN 17-4	Roofing & Water Damage Rapair	1460		0	$ 7,000.00			
MN 17-1	Re-shingle all 8 townhouses and 1 community building	1460		150,000	0			
MN 17-3	Replace All carpeting and vinyl throughout	1460		71,000	0			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Moorhead Public Housing Agency	**Grant Type and Number** Capital Fund Program #: MN 46PO1750100 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date) 12/31/2000			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN 17-1	09/30/2001	N/A		12-31-2001	N/A		
MN 17-3	09/30/2001	09/30/2002		12-31-2001	09-30-2003		
MN 17-4		09/30/2002			09/30/2003		