

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

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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:** HRA of Pipestone

**PHA Number:** MN049

**PHA Fiscal Year Beginning: (mm/yyyy)** 10/2001

**PHA Plan Contact Information:**

Name: Housing & Redevelopment Authority of Pipestone

Phone: 507-825-2558

TDD:

Email (if available): phra@reconnect.com

**Public Access to Information**

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

Main administrative office of the PHA 202 2<sup>nd</sup> Avenue S.W., Pipestone, MN 56164

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

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Small PHA Plan Update

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

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

**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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G Other (List below, providing each attachment name)		

## **ii. Executive Summary**

[24 CFR Part 903.79 (r)]

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

The Housing and Redevelopment Authority of Pipestone has compiled the following Agency Plan in compliance with Section 511 of Quality Housing and Work Responsibility Act of 1998 and ensuing HUD requirements.

The Authority has adopted the following Mission Statement to guide the activities of the Pipestone Housing Authority.

THE MISSION OF THE HOUSING AND REDEVELOPMENT AUTHORITY OF PIPESTONE IS TO PROMOTE ADEQUATE, AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, AND A SUITABLE LIVING ENVIROMENT FOR THE FAMILIES WE SERVE WTHOUT DISCREMINATION.

Our Annual plan is based on the premise that if we accomplish our goals and objectives we will be working towards achievement of our mission.

The plans, statements, budget summary, polices, etc set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan.

In conclusion, the Authority is on course to maintain and improve the affordable housing in Pipestone.

### **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 Authority has introduced one change in its operating policy for Low Rent Public Housing projects MN409001 and MN049003 that change is in its Pet Policy. The Authority in compliance with Pet Ownership section 31 of the Act 960.707 .A public housing resident may own one or more common household pets if the resident maintains each pet responsibly, in accordance with applicable State and local public health, animal control and animal anti-cruelty laws and regulations, and in accordance with policies established in the Public Housing Agency (PHA) Plan. Reasonable requirements that the PHA will impose on pet owners, such as limits on the number of animals in a unit and certain fees to cover costs to the development and refundable pet deposits. The non refundable nominal fee is intended to cover reasonable operating costs to the development relating to the presence of pets, and the refundable pet deposit is intended to cover additional costs not otherwise covered, such as damage to the unit.

**2. Capital Improvement Needs**

[24 CFR Part 903.79 (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? \$ \_153,710 estimated\_\_\_\_\_

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 903.79 (h)]

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

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

2. Activity Description

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

**4. Voucher Homeownership Program**

[24 CFR Part 903.79 (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):

- G 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
- G 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
- G 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. G Yes XG 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. G Yes G 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. G Yes G No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.79 (r)]

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

**A resident advisory board has been established LRPB (Nokomis Apt) members Virginia Benton, Les Bishop and Jean Haugen; Scattered Sites Dolly Roberts and Section 8 Susan Townsend**

- 1. G Yes XG 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)
  - G 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: (provide name here)State of Minnesota

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)To serve its residents who have special needs, require services and low income families to safe and healthy affordable housing.

**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: When a decision is made by the Board of Commissioners to change the PHA's mission statement, goals, or objectives that are indentified in the 5-year Plan. It can also be when goals, objectives are changed that effect the residents or have a significant impact to the PHA's financial situation.**

**B. Significant Amendment or Modification to the Annual Plan: Changes in the plans or policies of the PHA that 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
Office	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Office	at Certification of Consistency with the Consolidated Plan (not required for th	5 Year and Annual Plans
Office	itation Supporting Fair Housing Certifications: Records reflecting that the PH programs or proposed programs, identified any impediments to fair housing che dressed or is addressing those impediments in a reasonable fashion in view of t l worked or is working with local jurisdictions to implement any of the jurisdiffirmatively further fair housing that require the PHAs involvement.	5 Year and Annual Plans
Office	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
Office	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Office	sions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
Office	ccupancy of Police Officers in Public Housing ded in the public housing	Annual Plan: Eligibility, Selection, and Admissions Policies
Office	ve Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Office	ermination policies, including the method for setting public housing flat rents ded in the public housing	Annual Plan: Rent Determination

Applicable & On Display	Supporting Document	Related Plan Component
Office	ferred at each public housing development ded in the public housing	Annual Plan: Rent Determination
Office	Section 8 rent determination (payment standard) policies XG check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Office	ment and maintenance policy documents, including policies for the prevention pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
Office	g Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	lts of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self Sufficiency
Office	8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Office	overning any Section 8 special housing types ded in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
Office	ce procedures XG check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Office	Section 8 informal review and hearing procedures XG check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Office	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Office	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
Office	Selfevaluation, 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	applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	assessments of reasonable revitalization of public housing and approved or su ans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, S	Annual Plan: Conversion of Public Housing

Applicable & On Display	Supporting Document	Related Plan Component
	ing Act of 1937, or Section 33 of the US Housing Act of 1937	
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A		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	n required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	ncy (ED/SS, TOP or ROSS or other resident services grant) grant program report	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: enforcement services for public housing developments assisted under the PHDEP Plan; agreements between the PHAs participating in the consortium and a copy of the agreement between the consortium and HUD (applicable only to PHAs participating in a consortium under 24 CFR 761.15); agreements (indicating specific leveraged support) with agencies/organizations, contractors or other in-kind resources for PHDEP-funded activities; agreements with other law enforcement efforts; agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and statistics and other relevant data (including Part I and specified Part II crimes) that are collected from public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
Office	Pets in Public Housing Family Developments (as required by regulation at 24 CFR 960.210) included in the public housing A & O Policy	Pet Policy
Office	most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Code, Title 42, 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)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor</b> <b>(CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name: Pipestone Housing &amp; Redevelopment Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: MN46P04950101 Capital Fund Program Replacement Housing Factor Grant No:			<b>2001</b>
<b>xOriginal Annual Statement</b> <b>Annual Statement (revision no: )</b>		<b>GReserve for Disasters/ Emergencies GRevised</b>			
<b>G Performance and Evaluation Report for Period Ending:</b>		<b>G Final Performance and Evaluation Report</b>			
<b>Li ne No .</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	3,430			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs Architect	14,900			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	135,380			
11	1465.1 Dwelling Equipment CNonexpendable				
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)	153,710			
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				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	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: Housing & Redevelopment Authority of Pipestone		Grant Type and Number Capital Fund Program #: MN46P04950101 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		
MN049001 & MN049003	3/31/2003			06/30/2004				
Total Estimate	153,280							

### 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.

<b>CFP 5-Year Action Plan</b>		
xG Original statement    G Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN049001& MN049003	Housing & Redevelopment Authority of Pipestone	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
replacement range, refrigerator and water heaters MN049001, complete apartment carpeting MN049001, provide security entry system and camera security in lobbies, MN049003 site grade and sod all units	150,681	2000
FY2001 -MN049003 remove & replace kitchen cabinets, closet doors & replacement of furnaces with addition of central air conditioning	153,740	2001
FY 2002 - MN049003 remove & replace shingles all units and 1/3 windows MN049001 replace hot water heaters	151,740	2002
FY2003- MN049003 remove & replace 1/3 windows continued MN049001 remove & replace kitchen cabinets partial	150,630	2003
FY2004- MN049001 remove & replace kitchen cabinets continued	150,630	2004
FY2005-MN049003 remove & replace 1/3 windows completed, MN049001 reduce two one bedroom units into one two bedroom unit	155,700	2005
<b>TOTAL COST NEXT FIVE YEARS 762,410</b>		
MN049003 Remove and replace shingles Scattered Sites	38,000	10/01/2002
MN049003 Scattered Sites remove and replace window 1/3 units	63,000	10/01/2002
MN049003 Scattered Sites remove and replace window 1/3 units	6,000	10/01/2002
MN049001 Nokomis Apartments rheem hot water heaters G76-200NG	14,740	10/01/2002
MN049001 & MN049003 Architect fees	10,000	10/01/2002
MN049001 & MN049003 Administration	20,000	10/01/2002
MN049001 & MN049003 Operations	151,740	10/01/2002
Estimate CFP FYE 2002	63,000	10/01/2003
MN049003 Scattered Sites remove and replace windows 1/3 units continued	43,000	10/01/2003
MN049001 Nokomis Apartments remove & replace kitchen cabinets	14,630	10/01/2003
MN049001 & MN049003 Architect fee	10,000	10/01/2003
MN049001 & MN049003 Administration	20,000	10/01/2003
MN049001 & MN049003 Operation	150,630	10/01/2003
Estimate CFP FYE 2003	133,000	10/01/2004
MN049001 Nokomis Apartments remove & replace kitchen cabinets	14,630	10/01/2004
MN049001 Nokomis Apartments Architect fee	3,000	10/01/2004
MN049001 Administration	150,630	10/01/2004
Estimate CFP FYE 2004	60,000	10/01/2005

MN049001 Nokomis Apartments reduce 2 one bedroom into 1 two bedroom	63,000	10/01/2005
MN049003 Scattered Sites remove & replace windows 1/3 units complete	14,700	10/01/2005
MN049001 & MN049003 Architect fees	3,000	10/01/2005
MN049001 & MN049003 Administration	15,000	10/01/2005
MN049001 & MN049003 Operations	155,700	10/01/2005
Estimate CFP FYE 2005		
<b>Total estimated cost over next 5 years</b>	<b>762,410</b>	

## 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 **Ax**) 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 **Ax** to indicate the length of program by # of months. For **AOther**, 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 AGE@ in column or AW@ for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY 1998						
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 B 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	
<b>TOTAL PHDEP FUNDING</b>	

**C.0 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.

<b>9110 B Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
--	--------------------------------

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

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

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

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9130 B Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9140 B Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
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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.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
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 \_\_A\_\_: 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):  
Present Board has no vacancies
- B. Date of next term expiration of a governing board member: 11/17/2002
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Pipestone Mayor Bill Ellis

**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.)