

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: Branson Housing Authority

PHA Number: MO045001

PHA Fiscal Year Beginning: 07/2001

PHA Plan Contact Information:

Name: Branson Housing Authority
Phone: 417-334-4236
TDD:
Email (if available): bransonhousing@tri-lakes.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 20
[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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in PHA Plan text)	
Other (List below, providing each attachment name)	

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

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.

Branson Housing Authority has purchased and plans to continue running an adjacent lot and building to expand parking for Oak Manor. Three windows are being replaced at the order of REAC's inspector.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 52,446.00

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)

1a. Development name: 1b. Development (project) number:

2. Activity type: Demolition Disposition

3. Application status (select one) Approved Submitted, pending approval Planned application

4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a.

Actual or projected

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

- . Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

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

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

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)

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

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

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

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

Other: (list below)

. PHA Requests for support from the Consolidated Plan Agency

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

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

The Consolidated Plan states the need of the area by agreeing with local needs for low-income elderly 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:

Branson Housing Authority has purchased and will continue to manage an adjacent lot intended for parking expansion.

B. Significant Amendment or Modification to the Annual Plan:

Three windows in apartments B108, B106 and C108 are being replaced as required by the REAC inspection.

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	
(not required for this update)	State/Local Government Certification of Consistency with the Consolidated Plan	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.

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

x Most recent board-approved operating budget for the public housing program

x Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] Eligibility, Selection, and Admissions Policies Annual Plan:

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 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 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

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:

x Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) Annual Plan:

Results of latest Section 8 Management Assessment System (SEMAP) Annual Plan:

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

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

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

housing Approved or submitted applications for demolition and/or disposition of public housing Annual Plan: Demolition and Disposition

Housing Plans) Approved or submitted applications for designation of public housing (Designated Housing Plans) Annual Plan: Designation of Public Housing

5 Year an

Annual PI

Annual PI

Annual PI

Annual PI

Annual PI

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
 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 (PHDEP) 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

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

PHA's Troubled PHAs: MOA/Recovery Plan Troubled

Other supporting documents (optional) (list individually; use as many lines as necessary) (specify as needed)

Annual PH

Pet Policy

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

PHA Name: Branson Housing Authority **Grant Type and Number** Capital Fund
 Program: MO16P04550100 Capital Fund Program Replacement Housing Factor Grant No:
Original Annual Statement **Reserve for Disasters/**
Emergencies Revised Annual Statement (revision no:) 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 Obli
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations	0	5100	5100

3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition	0	13,200	13,200
9	1450 Site Improvement			
10	1460 Dwelling Structures	51,609	33,309	18,300
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)	51,609	51,609	36,600
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHA Name: Branson Housing Authority	Grant Type and Number Capital Fund
Program #: MO16P04550100	Capital Fund Program Replacement Housing Factor #:
Development Number	General Description of Major Work Categories
No. MO045001	Repay Reserve for funds used over and above budget for Insurance premium, etc. Pay off bank note, (1406), Purchase investment property (HUD approval)-Monthly payment 20 years, (1440), Rework 3 a/c window units to meet REAC requirements, Engineer fees for above, Operating needs, (1460)
	Dev. Acct
	Quantity
	Total Estimated Cost
	Total Actual Cost
Name/HA-Wide Activities	1 51,609
	22,060

Original

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

PHA Name: Branson Housing Authority

Development Number	Name/HA-Wide Activities	PHA wide	All Fund Obligated (Quart Ending			Grant
Date)	All Funds Expended (Quarter Ending Date)		Original	Revised	Actual	Reason
			Original	Revised	Actual	06/30/
			12/31/2001			

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 x Revised statement

Development Number	Development Name (or indicate PHA wide)	Estimated Cost	Planned Start
MO045001	PHA wide		
Description of Needed Physical Improvements or Management Improvements			
Paint all buildings and repair siding, New elevator system, New guttering for complex, Window replacement on all 40 apartments, New computer system or upgrade, add parking on new lot, Repair and Paint Railings complex wide		March 2002	
Total estimated cost over next 5 years		\$154,000.00	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)
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 Date of this Submission	PHDEP Funding Received Grant # Grant Extensions or Waivers	Fund Balance as of Grant Start Date	Grant Term
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	PHEDEP 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
---------------------	---------------------	-------------------	------------	------------------------

- 1.
- 2.
- 3.

9116 - Gun Buyback TA Match

Total PHDEP

Funding: \$

Goal(s)

Objectives

Proposed Activities

(Amount /Source)

of Persons Served
Expected Complete Date
Performance Indicators

Target Population
PHEDEP Funding

Start Date
Other Funding

- 1.
- 2.
- 3.

9120 - Security Personnel

Total PHDEP

Funding: \$

Goal(s)

Objectives

Proposed Activities

of Persons Served

Target Population

Start Date

Expected Complete Date

- 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
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
1.				
2.				
3.				

9150 - Physical Improvements

Total PHDEP

Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
1.				
2.				
3.				

9160 - Drug Prevention

Total

PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
1.				
2.				
3.				

9170 - Drug Intervention

Total

PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
1.				
2.				
3.				

9180 - Drug Treatment

Total PHDEP

Funding: \$

Goal(s)

Objectives

Proposed Activities

of Persons Served
Expected Complete Date
Performance Indicators

Target Population
PHEDEP Funding

Start Date
Other Funding

(Amount /Source)

- 1.
- 2.
- 3.

9190 - Other Program Costs

Total PHDEP

Funds: \$

Goal(s)

Objectives

Proposed Activities

of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

Required Attachment D_: Resident Member on the PHA Governing Board

1. Yes x 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?

x 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:

10/19/2001

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

Louis Schaeffer, Mayor, City of Branson, MO

Required Attachment E_: 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.)Gladys Yates