

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: Morganton Housing Authority

PHA Number: NC049

PHA Fiscal Year Beginning: (mm/yyyy) 012001

PHA Plan Contact Information:

Name: Morganton Housing Authority

Phone: 828 437-9101

TDD: 828 437-9101

Email (if available): mha@hci.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 (New Construction) Section 8 Only Public Housing Only

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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<input checked="" type="checkbox"/> Other (List below, providing each attachment name) Community Service Requirements – Attachment nc049a01, Page 29	

Pet Policy – Attachment nc049b01, Page 30
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Disclosure of Lobbying Activities – Attachment nc049g01, Page 42
Safety and Crime Prevention – Attachment nc049h01, Page 44

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.

One of the goals and objectives that was set forth in the Executive Summary of the Annual Plan for 2000 was that the Morganton Housing Authority would be recognized as a high performer by December 31, 2001. This date should be changed to December 31, 2004.

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? \$ 431,946.00

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 C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

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 <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes 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 – (See Attachment NC049h01)

[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. x 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? \$ 57,306.00

C. x 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. x Yes No: The PHDEP Plan is attached at Attachment E

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: (Western Piedmont Council of Government (Entitlement City: City of Morganton)

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.
 - x 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 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)
 - a. Coordination efforts will be made by the Consortium to continue to work with area service providers and agencies to remain aware of existing programs and make referrals as needed to individuals and families. The Consortium will continue to be involved with various housing, aging, social service and non-profit agencies in order to stay abreast of other activities and expenditures.
 - b. To improve the quality of housing throughout our communities.
 - c. To build community partnerships that will improve the quality of housing for lower income citizens. Outreach efforts will be coordinated with the housing authority to inform the residents of the downpayment assistance program and other housing assistance programs available with the jurisdiction.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

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
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> 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
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> X check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: MORGANTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19Po4950100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> 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				
3	1408 Management Improvements				
4	1410 Administration	\$ 43,195.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$ 30,200.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 358,551.00			
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)	\$ 431,946.00			
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: MORGANTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19Po4950100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> 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					
24	Amount of line 20 Related to Energy Conservation Measures					

Five Year Plan Update: The Morganton Housing Authority has completed the following items:

1. The Needs Assessment of all units on the program so that work can be completed as necessary.
2. Project 3 which includes Center and Wrighton Streets, siding and brick repairs have been completed.
3. Fencing and 911 emergency lighting on Center and Wrighton Streets.

With respect to the HA's progress, MHA is awaiting the Performance Funding Systems Allowable Expense Levels to be established by the Department of Housing and Urban Development. At this time, we are waiting for the AELs in order that we may establish a budget fo this fiscal year. Once this is done, we will move toward the goals as mentioned in the Five Year Plan.

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: MORGANTON HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NC19Po4950100 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 ADMIN	FUNDING FOR DHD STAFF @ 10% OF THE ANNUAL GRANT AMOUNT	1410		\$43,195.00	\$0.00	\$0.00	\$0.00	
HA-WIDE FEES AND COSTS	A&E SERVICES @ 7% OF THE ANNUAL GRANT AMOUNT	1430		\$30,200.00	\$0.00	\$0.00	\$0.00	
TOTAL HA-Wide								
NC 49-1	DWELLING STRUCTURES	1460			\$0.00	\$0.00	\$0.00	
	RETILE APARTMENT FLOOR		15	\$22,500.00				
	NEW CABINETS		15	\$33,000.00				
	EXTERIOR PAINTING & REPAIRS		LS	\$ 8,000.00				
	ROOFING		LS	\$ 12,000.00				
TOTAL NC 49-1								
NC 49-2	DWELLING STRUCTURES	1460			\$0.00	\$0.00	\$0.00	
	BEGIN BATH RENOVATIONS		20	\$52,907.00				
	REPLACE LT FIXTURES & EXHAUST FANS		60	\$10,500.00				
	PRIME DOOR/SCREEN DOORS		32	\$32,000.00				
	HANDRAIL REPAIRS		20	\$ 3,000.00				
	ADDRESS-O-LIGHTS		60	\$ 6,000.00				
TOTAL NC 49-2								
NC 49-3								

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: MORGANTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19Po4950100 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	

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		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years		

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$57,306.00

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

C. FFY in which funding is requested 2001

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)
Project 1	40	124
Project 2	60	175
Project 3	150	377

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 x 18 Months 24 Months

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995	\$125,000.00	NC19DEP0490195	0		08151995	08141996
FY 1996	\$125,000.00	NC19DEP0490196	0		09011996	09011997
FY 1997	\$125,000.00		0			
FY1998	\$ 75,000.00	NC19DEP0490198	0		09011998	09011999
FY 1999	*\$57,306.00	NC19DEP0490199	\$34,261.15		12261999	12262000

*ADJUSTED AFTER CAPITAL FUNDING TO \$57,306.00.

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.

The Morganton Housing Authority’s goals and objective include: the implementation and follow-through activities provided by the After School Accelerated Reader Program that is presently housed at the Mountain View Elementary School. This program will be extended to the MHA’s Resource Centers, i.e. First Street, Carolina and Wrighton Street Resource Centers. Mountain View Elementary School’s

Principal will monitor and evaluate the Program through progress during the school year and with end of year grade testings. The Burke County School System is the MHA’s Plan partner. In accordance with monitoring and evaluation, Mountain View Elementary School and the MHA will evaluate and monitor concurrently during the course of PHDEP Funded activities guidelines. Paragraph: The Morganton Housing Authority and the Morganton Department of Public Safety are partners regarding the deterrence of crime in our community. Our measures include direct communication between the two (2) agencies, monitoring and evaluating the increase/decrease of crime in and around the Morganton Housing Authority on a weekly basis, enforcing the “One Strike Policy” and also enforcing our Trespasser’s Policy. This partnership is critical as it relates to our keeping our residents safe.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY_2000___ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	22,321.00
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	34,985.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	57,306,00

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. Police Presence			11012000	10312001	22,321		Crime Reports
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Mt. View Tutorial	44	44	110100	103101			Test Scores
2. Crime Prevention	All	All	110100	103101			Crime Reports
3. Drug Prevention	216	216	110100	103101			Program Attendance

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

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

3.						
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9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment __F__: Resident Member on the PHA Governing Board

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

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

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

Elected

Appointed

C. The term of appointment is (include the date term expires):

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

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

**Required Attachment ___G___: 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.)

Board of Commissioners – Members are chosen by the Mayor of the City of Morganton

Don Hemstreet, Chairman

Annie Brewer, Vice-Chairman

Daniel Gutierrez

Teresa Diehart

Karen Duncan

Tom Bland

Resident Advisory Board – selected by the Executive Director

Juan Ramirez

Kevin Heil

Jackie Lunsford

Pamela Fite

ATTACHMENT nc049b01

MORGANTON HOUSING AUTHORITY
PUBLIC HOUSING
PET POLICY

Residents of the Morganton Housing Authority (HA), who resides in Public Housing Communities may own and keep common household pets. These rules are adopted in compliance with HUD, State and local laws. They are designed to maintain the existing provisions of the Lease in providing decent, safe and sanitary living environment for existing and prospective residents. The rules are also designed to protect the preserve the physical condition of the housing community.

These rules are a part of the Dwelling Lease between the resident and the Morganton Housing Authority and are enforceable accordingly. If any rule or provision of this Pet Policy is violated, HA shall have the right to demand removal of the pet(s) from the community. Any refusal by the resident to immediately comply with such demand shall be deemed to be a material breach of the Lease, in which event HA shall be entitled to all the rights and remedies set forth in the Lease for violations thereof, including but not limited to eviction, damages, and attorney's fees. The rules do not apply to or restrict animals that are used to assist the blind.

Definition: Common household pets include but it is not limited to include a dog, cat, bird, fish, gerbil or turtle.

Designated area for walking the pet: areas designated by attached map per community the resident lives in.

GENERAL

- A. Pet ownership will be prior approved by MHA as evidenced by the resident registration verification form of the pet and signing the Lease Addendum as an agreement to comply with the rules and regulation set forth.
- B. Residents are allowed **ONE (1)** household pet. More than one (1) pet may be allowed in the case of aquarium or caged pets such as gerbils, fish, birds, etc. No more than two (2) caged pets are allowed.
- A. Dogs and cats when **fully grown** must not weigh more than **fifteen (15) pounds**, height when **fully grown** must not be more than **fifteen (15) inches** from paw to shoulder.

- B. Residents are required to abide by State and local laws governing owned pets, and the MHA reserves the right to coordinate with local officials in reassuring resident's proper care and treatment of dogs and cats.

INOCULATIONS AND LICENSING

- A. Pet(s) must be inoculated and licensed in accordance with State And local laws.
- B. Upon enforcement of the rules and prior to occupancy, residents must supply MHA with official documentation on the pet name, license and inoculations verification form from a certified veterinarian.
- C. A resident is required to supply annually to MHA an update on the pet's certification and inoculations during the annual r reexamination interview.
- D. All dogs and cats are required to be spayed and neutered and must meet the requirements of Federal, State and local laws governing inoculations, licensing, etc., prior to entry of any unit. cats must be declawed. Proof of the pet(s) being spayed, neutered, and if your pet is a cat, declawed, must be brought to the HA for future reference.

TYPES OF PET(S) ALLOWED

- A. *Domestic household dogs and cats.*
- B. Birds, gerbils or rodents and turtles.
- C. The following types of pets are banned and not allowed on any Housing Authority (MHA) property:

Pit bulls (also known as staffordshire terriers or bull terriers); german shephards; huskies; malamutes; doberman pinschers; rottweilers; chows; and any cross breeds of full breeds that falls under this stated listed of ban pets. All wild, dangerous exotic animals and animals that are unpredictable. All reptiles except turtles.

MHA's Pet Policy cont.

SANITATION AND PET CARE

- A. Pet owners are required to remove and properly dispose of all pet waste. Poop-a-scoopers are required when walking the pet

- in the designated area (see map). Waste may be disposed of in a sealed plastic double bag daily and litter shall be changed at least once per week. **Do not** flush litter box waste in commodes even if it states on the package that it is flushable.
- B. A fine of \$30.00 will be charged to the resident for cleaning up** of waste for each occurrence by MHA. Cats or dogs are not allowed to use the interior grounds for the housing community for deposit of waste on designated area as marked by the map for each community. The pet shall be walked only in the exterior area(s) so designated by the MHA.
- C. Residents must take precautions to eliminate odors, keep** surroundings void of insects due to pets and maintain sanitary conditions inside of the unit. Units failing inspections due to pet issues may result in the termination of the Lease.
- D. Outside housing for pets is not allowed. No fencing, dog** Houses, cages or other attachments are allowed.
- E. Residents shall not allow pets out of the unit unless he/she** is holding the pet on a leash or in a cage when outside of the unit. The pet must be under the resident's control at all times. Residents shall not tie a pet to any object outside of the unit.
- F. Pets must be fed inside of the unit from a container. Pet** food is to be kept in sealed containers.
- F. Pets are not permitted in any Housing Community Centers,** administration Complex (Main Office), Maintenance Complex or any Housing Playgrounds.

MHA's Pet Policy cont.

- G. The pet owner shall be liable for any and all damages caused** by the pet, both to persons and property. The pet owner agrees to indemnify MHA for any and all costs of claims related to damages caused by pets, including attorney's fees and any other court related costs and expenses. The resident shall be strictly liable for the entire amount of any wrongful death or injury to the person or property of others caused by the pet, and the resident shall indemnify owner for all costs resulting from same, including but not limited to litigation costs and attorney's fees.
- H. The resident will be responsible for exterminations due to the**

Pet, fleas, for example. The resident also agrees to remove the Pet temporarily, if necessary, for regular exterminations by MHA.

- I. The resident must be present during scheduled inspections and repairs of the dwelling unit when the pet is inside unrestrained. If the resident is not available, the pet must be caged or removed from the unit totally. MHA, its staff and personnel shall not be liable for any lost or injured pet that is left unrestrained during scheduled inspections or repairs.
- J. Residents may not have any pets staying overnight or visiting temporarily that are not specifically indicated on the lease agreement. The feeding stray animals is not allowed.
- K. Residents shall be charged a fee of \$30.00 per trip required by the staff of MHA for return trips to complete any work order or other management related function due to pets not being properly restrained.
- L. Resident acknowledges and agrees that the MHA may at any time have sole and absolute discretion to revoke its consent for the resident to keep pet(s). MHA may revoke consent if MHA receives complaints from neighbors, other residents or MHA staff about pet(s), or if MHA, in MHA's sole discretion, determines that the pet(s) has disturbed the right(s), comfort, convenience or safety or neighbors, other residents or MHA staff. The resident shall immediately and permanently remove pet(s) from MHA's property upon MHA's written notice that consent is revoked.

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MHA's Pet Policy cont.

- M. MHA will reject any pet(s) that has in the past bitten, attacked, harmed or menaced anyone from being approved and allowed on any housing owned or manager property. Pet(s) approved by MHA and then attack, harm or menace anyone will be required to be removed from the MHA property immediately upon receiving notice from the MHA.
- N. The resident agrees to remove the pet immediately upon notice from the MHA if there are three (3) legitimate nuisance complaints about the pet and any threats to health and safety of any residents, public and MHA staff. Failure to immediately remove the pet shall be grounds for termination of the resident's lease.
- O. Pets are not to be left unattended for an extended period of time. In the case of cats and dogs, MHA reserves the right to enter and have the pet secured for proper care and safety at the owner's expense when the animal is left unattended for a period of eight (8) hours or more.
- P. MHA has the right to inspect the pet owner's unit without prior notice when there is reasonable cause to suspect the pet is not being cared for and/or the resident is unable to properly care for the pet.

- Q. The pet owner agrees to identify on the registration and screening record two (2) persons related by blood or marriage, by name, address and daytime phone number and signature as evidence to the MHA who agrees to be contacted and assume care for the pet if the owner for whatever reason is no longer able to assume responsibility. This could be in the case of emergency or on a permanent basis.
- R. All dogs and cats must have a collar with a tag. The tag must State the Head of Household's name, address and the name of The pet.

MHA's Pet Policy cont.

FINANCIAL RESPONSIBILITY

- A. The presence of pets may cause damage to the unit and/or project premises and may increase project expenses that may not be adequately compensated for through the general security deposit. This deposit does not include an incurred expense for removal of pet waste or return trips to the unit due to the pet not being restrained properly. The pet deposit will be used for expensed caused by the pet and will apply to the residents owning cats or dogs. The pet deposit is refundable to the owner if the owner moves without having pet incurred expenses and only after the resident has vacated the unit owned or managed by the MHA.
- B. Upon registration, the owner is required to make a pet deposit in the amount of \$250.00. This amount must be paid in full upon approval of the pet(s) by the MHA.
- C. Upon registration, the owner is required to make a nonrefundable application and processing fee in the amount of \$75.00. This amount must be paid in full upon request of owning a pet.
- D. Upon recertification reexamination, (annually), a nonrefundable Processing fee in the amount of \$50.00 will be due to update and process records.

By signing this statement, I certify that my pet(s) is a domesticated dog Or cat, is not vicious and has not bitten, attacked, harmed or menaced anyone in the past. If my pet(s) has, I certify before signing this form that I will inform the MHA.

Head of Household Signature

Date

