

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

**Small PHA Plan Update  
Annual Plan for Fiscal Year:**

**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: Bayard Housing Authority**

**PHA Number: NE086**

**PHA Fiscal Year Beginning: (mm/yyyy) 4/2001**

**PHA Plan Contact Information:**

Name: Susan Dalbey

Phone: 308-586-1512  
TDD:  
Email (if available): bayard\_hud@hotmail.com

**Public Access to Information**

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

- X Main administrative office of the PHA  
PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X Main administrative office of the PHA  
PHA development management offices  
Main administrative office of the local, county or State government
- X Public library  
PHA website  
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X Main business office of the PHA  
PHA development management offices  
Other (list below)

**PHA Programs Administered:**

Public Housing and Section 8                      Section 8 Only X                      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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2. Capital Improvement Needs<sup>2</sup>
3. Demolition and Disposition
4. Homeownership: Voucher Homeownership Program
5. Crime and Safety: PHDEP Plan
6. Other Information:
  - A. Resident Advisory Board Consultation Process<sup>4</sup>
  - B. Statement of Consistency with Consolidated Plan<sup>5</sup>
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**Attachments**

- Attachment A : Supporting Documents Available for Review<sup>1</sup>
- Attachment \_B\_: Capital Fund Program Annual Statement <sup>5</sup>
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- Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included 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.

**The Bayard Housing Authority established a flat rent policy based on a survey of rents listed in the local newspaper and a survey of similar unassisted units in the neighborhood.**

**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? \$ 27,590\_\_\_\_\_

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 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 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.

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

#### **6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1. 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)State of Nebraska
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)
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)

**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:Substantial deviation from the 5-year plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.**

**B. Significant Amendment or Modification to the Annual Plan:Significant amendment or modification to the annual plan are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

**Attachment A**

**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

**List of Supporting Documents Available for Review**

**Applicable & On Display** **Supporting**

<b>Document</b>	<b>Related Plan Component</b>
Regulations	XPHA Plan Certifications of Compliance with the PHA Plans and Related 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
	XFair 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
	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
	XMost recent board-approved operating budget for the public housing program
	XPublic 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

Annual PI  
Annual PI

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

XPublic 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

XSchedule of flat rents offered at each public housing development 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

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

XResults of latest binding Public Housing Assessment System (PHAS) Assessment Annual Plan:  
XFollow-up Plan to Results of the PHAS Resident Satisfaction Survey (if  
necessary) Annual Plan: Operations and Maintenance and Community Service & Self-  
Sufficiency

Results of latest Section 8 Management Assessment System (SEMAP) Annual Plan:  
Any required policies governing any Section 8 special housing types check here if  
included in Section 8 Administrative Plan Annual Plan:  
Operations and Maintenance

XPublic 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

XThe HUD-approved Capital Fund/Comprehensive Grant Program Annual  
Statement (HUD 52837) for any active grant year Annual Plan:  
Capital Needs

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

XSelf-evaluation, Needs Assessment and Transition Plan required by regulations  
implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52  
(HA). Annual Plan: Capital Needs

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

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

Approved or submitted assessments of reasonable revitalization of public housing  
and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD  
Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of  
1937 Annual Plan: Conversion of Public Housing

Approved or submitted public housing homeownership programs/plans Annual Plan:  
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  
XPolicy on Ownership of Pets in Public Housing Family Developments (as  
required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O  
Policy Pet Policy  
XThe 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 Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Bayard Housing Authority Grant Type and Number Capital Fund  
Program: Capital Fund Program Replacement Housing Factor Grant No:  
for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost Original	Revised	Total Obl
1	Total non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements			
4	1410 Administration	\$ 1,000		
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition		1450 Site	
	Improvement	\$ 2,700		
10	1 460 Dwelling Structures	\$23,890		
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)	\$27,590
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: Bayard Housing Authority	<b>Grant Type and Number</b>	Capital Fund
Program	Capital Fund Program	Replacement Housing Factor #:
Development Number NE086		General Description of Major Work
Categories Administration, Repair some sidewalks, continue to replace flooring in apts., re-shingle all buildings	Dev. Acct No.	Quantity
Cost \$1,000, \$2,700, \$23,890		Total Estimated
Name/HA-Wide Activities		Total Actual Cost
		Status of Proposed

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: Bayard Housing Authority

Grant Type and Number Capital Fund Program

Capital Fund Program Replacement Housing Factor #:

Development Number Name/HA-Wide Activities NE086

All Fund Obligated (Quart Ending

Date)

All Funds Expended (Quarter Ending Date)

Original

Revised

Actual

Original

Revised

Actual

Federa

Reason

**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 X Original statement Revised statement**

Development Number NE086

Development N

Description of Needed Physical Improvements or Management Improvements, HA Fiscal Year 2002, Replace door handles & locks on apt. entry doors, GFI plugs in baths & kitchens, replace outside security light poles. HA Fiscal Year 2003, Replace kitchen cupboards, direct wire smoke alarms. HA Fiscal Year 2004, Replace cooking stoves, replace bedroom light fixtures. HA Fiscal Year 2005, Install water softeners, replace chairs & tables in community room. Estimated Cost \$27,590 per year Planned Start Date (HA Fiscal Year) 2002

Total estimated cost over next 5 years \$137,950



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:**

<b>Budget Line Item</b>	<b>Total Funding</b>
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  
Expected Complete Date

Target Population  
PHEDEP Funding

Start Date  
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

# 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

- 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  (Amount /Source)	# of Persons Served Expected Complete Date Performance Indicators	Target Population PHEDEP Funding	Start Date Other Funding
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  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  
 Xthe 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: 3 members in January 2002, 2 members in January 2003

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

official for the next position):Bayard City Council

**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.)No members