

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: Temple Housing Authority

PHA Number: OK016

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: ANN DAVIS

Phone: 1 (580) 342-5013

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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) Statement of

PHA Programs Administered:

- Public Housing and Section 8 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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Attachments

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment D: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment E: Resident Membership on PHA Board or Governing Body
- Attachment F: Membership of Resident Advisory Board or Boards
- Attachment G: 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)
Attachment H: Statement of Goals and Objectives

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.

Temple Housing Authority has revised the policies and programs to include a new pet policy, a community service requirement, an addendum to the dwelling lease to allow a lower rent for law enforcement applicants and a change in the Five Year Capital Fund Program to address necessary improvements and funds not on the original Five Year Plan.

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? \$ 56,383.00

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 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

[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: Oklahoma State Department of Commerce
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

A. Substantial Deviation from the 5-year Plan:

Substantial deviations are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners and a public hearing.

B. Significant Amendment or Modification to the Annual Plan

Significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or 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 Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A	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
X	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"/> 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 <input type="checkbox"/> 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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"/> 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
N/A	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
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	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
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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"/> check here if included in the public housing A & O Policy	Pet 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
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: Temple Housing Authority		Grant Type and Number Capital Fund Program: OK56P01650101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" 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	2,383.00			
3	1408 Management Improvements				
4	1410 Administration	2,000.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	4,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	45,000.00			
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	2,500.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	56,383.00			
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Temple Housing Authority		Grant Type and Number Capital Fund Program: OK56P01650101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/ Emergencies					
<input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance	0.00			
23	Amount of line 20 Related to Security	0.00			
24	Amount of line 20 Related to Energy Conservation Measures	0.00			

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 checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
OK016001	Temple Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Windows	42,000.00	2002
Install Electric Dryer Plugs	1,120.00	2002
Install Dryer Vents	1,000.00	2002
Flooring	7,300.00	2004
Accessibility	5,000.00	2004

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original Revision #2	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	700.00	700.00	700.00	700.00
4	1410 Administration	2,153.56	2,153.56	2,153.56	746.84
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	4,520.00	4,020.00	4,020.00	4,020.00
8	1440 Site Acquisition				
9	1450 Site Improvement	30,283.00	25,513.91	25,513.91	13,997.91
10	1460 Dwelling Structures	66,453.44	71,722.53	71,722.53	67,420.17
11	1465.1 Dwelling Equipment—Nonexpendable	3,340.00	3,340.00	3,340.00	3,340.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	6,700.00	6,700.00	6,700.00	5,474.85
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,000.00	2,000.00	2,000.00	465.83
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	116,150.00	116,150.00	116,150.00	88,704.65
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Temple Housing Authority		Grant Type and Number Capital Fund Program #: OK56P01690898/CIAP Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1998			
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 Revision #2	Revised	Funds Obligated	Funds Expended	
HA-WIDE	Management Improvements Training for Executive Director	1408		700.00	700.00	700.00	700.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Temple Housing Authority			Grant Type and Number Capital Fund Program #: OK56P01690898/CIAP Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1998		
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 Revision #2	Revised	Funds Obligated	Funds Expended	
HA-WIDE	Administration Expenses Administration CIAP Advertisement	1410		2,153.56 2,003.00 150.56	2,153.56 2,003.00 150.56	2,153.56 2,003.00 150.56	746.84 658.34 88.50	
HA-WIDE	Architect/Engineer Fees& Costs	1430		4,520.00	4,020.00	4,020.00	4,020.00	
HA-WIDE	Site Improvement Parking Spaces and Fill Cracks Tree Trimming Sidewalk & Curb Replacement Fence Replacement & Repair Covered Arbor for Residents	1450		30,283.00 5,923.00 5,160.00 11,000.00 8,200.00 3,942.56	25,513.91 5,923.00 2,400.00 5,674.91 6,086.00 5,430.00	25,513.91 5,923.00 2,400.00 5,674.91 6,086.00 5,430.00	13,997.91 5,923.00 2,400.00 5,674.91 0.00 0.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Temple Housing Authority		Grant Type and Number Capital Fund Program #: OK56P01690898/CIAP Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1998		
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 Revision #2	Revised	Funds Obligated	Funds Expended	
OK016001	Dwelling Structures	1460		66,453.44	71,722.53	71,722.53	59,959.22	
	Roof Replacements		25,553.74	25,553.74	25,553.74	25,553.74		
	Gutter		2,012.58	2,012.58	2,012.58	2,012.58		
	Downspouts		4,200.00	4,200.00	4,200.00	4,200.00		
	Splash-block & Deadbolt Replacement		3,897.50	1,500.00	1,500.00	1,284.34		
	Washer Supply & Drain Units		2,500.00	2,500.00	2,500.00	2,500.00		
	Main Disconnects		6,244.56	6,244.56	6,244.56	6,244.56		
	Sill Cocks		4,519.00	4,519.00	4,519.00	4,519.00		
	Cabinets@ Kitchens (Replace/Repair)		11,785.00	11,785.00	11,785.00	11,785.00		
	Screens		1,038.50	1,101.00	1,101.00	1,101.00		
	Storm Window Replacement (11)		760.00	759.00	759.00	759.00		
Shower Repair	0.00	847.00	847.00	0.00				
Painting (Units)	0.00	10,700.65	10,700.65	0.00				
OK016001	Dwelling Structures – nonexpendable	1465.1		3,340.00	3,340.00	3,340.00	3,340.00	
	Refrigerators			3,340.00	3,340.00	3,340.00	3,340.00	
HA-WIDE	Non-dwelling Equipment	1475		6,700.00	6,700.00	6,700.00	5,474.85	
	Lawn Equipment(Leaf Blower/edger)			1,000.00	1,000.00	1,000.00	575.00	
	Office Equipment (Computer, printer, Scanner, file cabinet, copy machine, phone/fax machine)			5,700.00	5,700.00	5,700.00	4,899.85	

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

PHA Name: Temple Housing Authority		Grant Type and Number Capital Fund Program #: OK56P01690898/CIAP Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1998			
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 Revision #2	Revised	Funds Obligated	Funds Expended	
	Relocation Cost	1495.1		2,000.00	2,000.00	2,000.00	465.83	
	Residents Replacement			1,000.00	1,000.00	1,000.00	237.92	
	Utility Transfer Costs			1,000.00	1,000.00	1,000.00	227.91	

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

Annual Statement/Performance and Evaluation Report										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)										
Part III: Implementation Schedule										
PHA Name: Temple Housing Authority			Grant Type and Number Capital Fund Program #: OK56P01690898 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1998			
Development Number Name/HA-Wide Activities		All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates		
		Original	Revised	Actual	Original	Revised	Actual			
		Original			Revised			Obligated	Expended	
1	Total non-CFP Funds									
2	1406 Operations				2,527.00			0.00		0.00
3	1408 Management Improvements				2,921.00			0.00		0.00
4	1410 Administration				3,500.00			0.00		0.00
5	1411 Audit									
6	1415 liquidated Damages									
7	1430 Fees and Costs				3,315.00			0.00		0.00
8	1440 Site Acquisition									
9	1450 Site Improvement									
10	1460 Dwelling Structures				43,000.00			0.00		0.00
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)				56,263.00			0.00		0.00
21	Amount of line 20 Related to LBP Activities				0.00			0.00		0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule									
PHA Name: Temple Housing Authority			Grant Type and Number Capital Fund Program #: OK56P01690898 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities		All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
		Original	Revised	Actual	Original	Revised	Actual		
22	Amount of line 20 Related to Section 504 Compliance				0.00			0.00	0.00
23	Amount of line 20 Related to Security				0.00			0.00	0.00
24	Amount of line 20 Related to Energy Conservation Measures				0.00			0.00	0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Temple Housing Authority			Grant Type and Number Capital Fund Program #: OK56P01650100 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	Computer	1406		2,527.00		0.00	0.00	
HA-WIDE	Copier & File Cabinet	1408		2,921.00		0.00	0.00	
HA-WIDE	Administration of Funds	1410		3,500.00		0.00	0.00	
HA-WIDE	Architect/Engineer Fees & Costs	1430		3,315.00		0.00	0.00	
OK016-001	Repair/Replace Storm Doors	1460		6,000.00		0.00	0.00	
OK016-001	Replace Entry Locks & Hardware	1460		2,000.00		0.00	0.00	
OK016-001	Drywall Repair, New Texture & Paint	1460		35,000.00		0.00	0.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Temple Housing Authority			Grant Type and Number Capital Fund Program #: OK56P01650100 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	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Temple Housing Authority		Grant Type and Number Capital Fund Program #: OK56P01650100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OK-016-001	2002			2003			

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “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	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						
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	PHEDE P 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	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					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.							

9140 – Voluntary Tenant Patrol					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.							

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 Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					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.							

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.							
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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: Malinda Simms

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 4 yrs.

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: 6/01/2001

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

Jewel Miller, Mayor

Required Attachment F: 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.)

Resident Commissioner: Malinda Simms

Required Attachment G: Resident Advisory Board Comments

THA had no comments from the Resident Advisory Board Member.

Required Attachment H: Statement of Goals and Objectives

A. PHA Goal – Expand the supply of assisted housing

1. Reduce public housing vacancies.

Temple Housing Authority advertises vacancies on a weekly basis, posts flyers in local business, and also has requested other HA's in the area that have no vacancies refer the applicants to THA.

B. PHA Goal – Improve the quality of assisted housing.

1. Improve public housing management.

Temple Housing Authority is working very hard to use all resources to improve PHAS. THA's 2000 PHAS score was (79.9) a standard performer.

2. Increase customer satisfaction.

Temple Housing Authority has reviewed their policies and plan to keep them updated. A quarterly newsletter to inform residents of any changes was started as a result of the 2000 Resident Service and Satisfaction Survey.

3. Concentrate on efforts to improve management functions.

THA has a goal to attend as many training sessions as possible to keep aware of program changes.

4. Renovate or modernize housing units.

Temple Housing Authority has been approved for 2000 Capital Funds. The funding will ensure the HA's ability to renovate units as well as to enhance management skills.

C. PHA Goal – Provide an improved living environment.

1. Improve access of public housing residents to services that support economic opportunity and quality of life.

Temple Housing will post a list in the main office of employers in the area with phone numbers and names of contacts also publish the information in the newsletter.

D. PHA Goal – Promote self-sufficiency and asset development of assisted households.

1. Increase the number and percentage of employed persons in assisted housing.

Temple Housing Authority has an earnings exclusion to assist any family member who participates in any economic self-sufficiency or other job training program.

2. Provide or attract supportive services to improve assistance recipients' employability.

Temple Housing Authority has an agreement with DHS to support the TANF program and has informed residents of the community service requirement.

3. Provide or attract supportive services to increase independence for the elderly of families with disabilities.

Temple Housing Authority refers any elderly families with disabilities to the local Community Action.

D. PHA Goal – Ensure equal opportunity and affirmatively further fair housing.

1. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability.

Temple Housing Authority states in the weekly vacancy advertisement that it is an equal housing opportunity that ensures fair treatment for all applicants.

2. Undertake affirmative measures to provide a suitable living environment For families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status and disability.

Temple Housing Authority maintains a maintenance program that inspects all units according to HQS, makes any necessary repairs and maintains the lawns.

3. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

Temple Housing Authority has addressed this objective in the Admissions and Occupancy Policy (ACOP 2.0) with the reasonable accommodations which clarifies the request and the guidelines the THA will follow.