

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** SOUTH KINGSTOWN HOUSING AUTHORITY

**PHA Number:** RI012

**PHA Fiscal Year Beginning:** 4/2001

**PHA Plan Contact Information:**

Name: LISA HEFFERNAN, EXECUTIVE DIRECTOR

Phone: 401 783-0126

TDD:

Email (if available): SKHOUSING@AOL.COM

**Public Access to Information**

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

- Main administrative office of the PHA  
PHA development management offices

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

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

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

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

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

**PHA Programs Administered:**

Public Housing and Section 8       Section 8 Only       Public Housing Only

# Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

## i. Table of Contents

### **Contents**

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Annual Plan Information

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#### **Attachments**

X Attachment A : Supporting Documents Available for Review

X Attachment B: Capital Fund Program Annual Statement

X Attachment B: Capital Fund Program 5 Year Action Plan

Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement

Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan

X Attachment C: Resident Membership on PHA Board or Governing Body

X Attachment D: Membership of Resident Advisory Board or Boards

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)

Provide a table of contents for the Plan, including attachments, and a list of public inspection. For Attachments, indicate which attachments are provide the attachment's name (A, B, etc.) in the space to the left of the name of the provided as a **SEPARATE** file submission from the PHA Plans file, provide space to the right of the title. **Provide a table of contents for the Plan, including supporting documents available for public inspection. For Attachments, include by selecting all that apply. Provide the attachment's name (A, B, etc.) in the attachment. If the attachment is provided as a SEPARATE file submission file name in parentheses in the space to the right of the title.**

## ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

### 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed covered in other sections of this Update.

## 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? \$ 150029.00

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

The Capital Fund Program 5-Year Action Plan is (1) Capital Fund Program 5-Year Action Plan provided as Attachment

### (2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

## 3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

#### Demolition/Disposition Activity Description

(Not including Activities Associated with HOPE VI or Conversion Activities) 1a. Development name:

1b. Development (project) number: 2. Activity type: Demolition  
Disposition 3. Application status (select one)

Approved

Submitted, pending approval

Planned application 4. Date application approved, submitted, or planned for submission:

(DD/MM/YY)5. Number of units affected:

6. Coverage of action (select one)

Part of the development

Total development7. 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 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 X 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 el

Yes X No: Is the PHA eligible to participate in PHDEP Plan meeting specified requirements prior to receipt of PHDEP fund 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)]

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

1. Yes X 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

1. Consolidated Plan jurisdiction: Town of South Kingstown (necessary).

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.
- X 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)
- X Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

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

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

### **C. Criteria for Substantial Deviation and Significant Amendments**

#### **Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

#### **A. Substantial Deviation from the 5-year Plan: Revisions to the Unit Transfer Policy and Pet Policy. Introducing updated lease**

PHAs are required to define and adopt their own standards of substantial Significant Amendment to the Annual Plan. The definition of significant defines when the PHA will subject a change to the policies or activities des hearing and HUD review before implementation.

#### **B. Significant Amendment or Modification to the Annual Plan: Implementing the Home Ownership Program. Obtaining possible grants in regards to Drug Elimination, Operation Safe Home.**

**Attachment A 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 of the appropriate rows. All listed documents must be on display if applicable to the program activities conducted

**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		
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
	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
	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
X	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	Annual Plan: Rent Determination

	<p>X check here if included in the public housing A &amp; O Policy</p>	
X	<p>Schedule of flat rents offered at each public housing development X check here if included in the public housing A &amp; O Policy</p>	Annual Plan: Rent Determination
X	<p>Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan</p>	Annual Plan: Rent Determination
X	<p>Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)</p>	Annual Plan: Operations and Maintenance
X	<p>Results of latest binding Public Housing Assessment System (PHAS) Assessment</p>	Annual Plan: Management and Operations
	<p>Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)</p>	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	<p>Results of latest Section 8 Management Assessment System (SEMAP)</p>	Annual Plan: Management and Operations
	<p>Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan</p>	Annual Plan: Operations and Maintenance
	<p>Public housing grievance procedures check here if included in the public housing A &amp; O Policy</p>	Annual Plan: Grievance Procedures
	<p>Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan</p>	Annual Plan: Grievance Procedures
X	<p>The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year</p>	Annual Plan: Capital Needs
X	<p>Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants</p>	Annual Plan: Capital Needs
	<p>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</p>	Annual Plan: Capital Needs
X	<p>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). Approved or submitted applications for demolition and/or disposition of public housing</p>	Annual Plan: Capital Needs
	<p>Approved or submitted applications for designation of public housing (Designated Housing Plans)</p>	Annual Plan: Demolition and Disposition Annual Plan: Designation of Public Housing
	<p>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</p>	Annual Plan: Conversion of Public Housing

Approved or submitted public housing homeownership programs/plans  
 Policies governing any Section 8 Homeownership program (section \_\_\_\_\_ of the Section 8 Administrative Plan)  
 Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies  
 FSS Action Plan/s for public housing and/or Section 8

Annual Plan:  
 Homeownership  
 Annual Plan:  
 Homeownership  
 Annual Plan:  
 Community Service & Self-Sufficiency  
 Annual Plan: Safety and Crime Prevention  
 Annual Plan: Safety and Crime Prevention

Section 3 documentation required by 24 CFR Part 135, Subpart E

Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports

The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report  
 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.

Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)

Pet Policy

X check here if included in the public housing A & O Policy  
 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

Troubled PHAs: MOA/Recovery Plan  
 Other supporting documents (optional)  
 (list individually; use as many lines as necessary)

Troubled PHAs (specify as needed)

Small PHA Plan Update Page 4  
**Table Library**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary\_**

PHA Name: SOUTH KINGSTOWN HOUSING AUTHORITY

Grant Type and Number

Capital Fund Program:RI43P01250101

Capital Fund Program

Replacement Housing Factor Grant No:

Federal FY of Grant:  
**2001X Original Annu  
 Statement**

**Reserve for Disasters  
 Emergencies Revised  
 Annual Statement  
 (revision no: )  
 Performance and  
 Evaluation Report for  
 Period Ending:  
 Final Performance an  
 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	19,529			
3	1408 Management Improvements	10,000			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			
10	1460 Dwelling Structures	87,500			
11	1465.1 Dwelling Equipment Nonexpendable				

12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	20,000
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)	
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:SOUTH KINGSTOWN HOUSING AUTHOIRTY

**Grant Type and Number**

Capital Fund Program #: RI43P01250101

Capital Fund Program

Replacement Housing Factor #:

**Federal FY of Grant:**

2001

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status Propos Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		19,529				
HA-Wide	Residents Computer Lab Software	1408		10,000				
12-1	A&E Cost	1430		8,000				
HA-Wide	Landscaping	1450		5,000				
HA-Wide	Lawn Equipment	1475		20,000				
12-1	Roofs	1460		87,500				
				150,029				

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

PHA Name:

**Grant Type and Number**

**Federal FY of Grant:**

Capital Fund Program #:

Capital Fund Program Replacement Housing Factor #:

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	
HA-Wide	3/31/2003			9/30/2004			
12-1	3/31/2003			9/30/2004			
12/4	3/31/2003			9/30/2004			



O  
M

HUD 50075

B Approval No: 2577-0226  
Expires: 03/31/2002

## 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 Development Name  
Number RI012001- (or indicate PHA wide) South Kingstown Housing Authority, Champagne Heights  
HA-Wide

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
See Year One Annual Plan	54,529	2001
Operations	83,087	2002-2005
Landscaping	20,000	2002-2005
<b>Total estimated cost over next 5 years</b>	<b>157,616</b>	

## 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 Development Name  
 Number RI012001- (or indicate PHA wide) South Kingstown Housing Authority, Champagne Heights  
 1  
 HA-Wide

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Year 1 See Annual Plan	95,500	2001
Fees and Costs	10,000	2002-2003
Kitchens            21 then 17 @ \$4,000	152,000	2002-2003
Baths                18 then 20 @ \$2,000	76,000	2003-2004
Cycle Painting     40 then 15 @ \$2,000	110,000	2004-2005
Cameras	4,000	2004
Asphalt	5,000	2003
Heating Systems	95,029	2005
<b>Total estimated cost over next 5 years</b>	<b>547,529</b>	

## 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**      **Development Name**  
**Number RI012001-**    **(or indicate PHA wide) South Kingstown Housing Authority, Champagne Heights**  
**3**  
**HA-Wide**

<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Year 1 See Annual Plan</b>	<b>0</b>	<b>2001</b>
<b>Play Ground</b>	<b>5,000</b>	<b>2003</b>
<b>Total estimated cost over next 5 years</b>	<b>5,000</b>	

## 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**                      **Development Name**  
**Number RI012001-**    **(or indicate PHA wide) South Kingstown Housing Authority, Village Gardens**  
**4**  
**HA-Wide**

<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
See Annual Plan Year 1	0	2001
Doors, exterior	40,000	2002-2003
<b>Total estimated cost over next 5 years</b>	<b>40,000</b>	

## PHA Public Housing Drug Elimination Program Plan

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

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ \_\_\_\_\_**
- B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_**
- C. FFY in which funding is requested \_\_\_\_\_**
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include 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 Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information is 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). 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 for programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances 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 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						
FY 1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly describe the program objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 1000 words.

**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	
<b>TOTAL PHDEP FUNDING</b>	

### 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 unique to a budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PH information in shaded boxes. Information provided must be concise not to exceed two sentences in any column. Tables for line items in which the 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 Comple e Date	PHEDE P Fundin g	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 Comple e Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

**9116 - Gun Buyback TA Match**

**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.							

**9120 - Security Personnel**

**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.							

**9130 Employment of Investigators**

**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.							

**9140 Voluntary Tenant Patrol**

**Total PHDEP Funding: \$**

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

**9160 - Drug Prevention**

**Total PHDEP Funding: \$**

Goal(s) Objectives Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators

	Person s Served	Population	Date	Complete Date	Funding	(Amount /Source)
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	PHEDEP 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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							

3.

**9190 - Other Program Costs**

**Total PHDEP Funds: \$**

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.							





**Required Attachment C : Resident Member on the PHA Governing Board  
Required Attachment C : 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)

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

Joseph Harris

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 9/92 Expires 10/04

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: 10/2002

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

James O'Niel, Town Council President

## **Required Attachment D: 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.)

Joseph Harris,                      Fournier Estates  
Joseph Roberts Champagne Heights  
Lorie Sivia                          Section 8 Participapant

Tenants were sent request to join the RAB of those who answered, a drawing was held.