

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

SPOONER HOUSING AUTHORITY

**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: Spooner Housing Authority

PHA Number: WI 16-1

PHA Fiscal Year Beginning: (mm/yyyy) April !, 2001

PHA Plan Contact Information:

Name: Thomas Manthe

Phone: 715-635-2808

TDD:

Email (if available): tmstinks@cenurytel.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

- Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 20
 [24 CFR Part 903.7]

i. Table of Contents

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

ContentsPage #

Annual Plan

- i_ Executive Summary (optional)
 - ii_ Annual Plan Information
 - iii_ Table of Contents
- 4_ Description of Policy and Program Changes for the Upcoming Fiscal Year
- 5_ Capital Improvement Needs
 - 6_ 1. Continue ongoing electrical upgrade
 - 7_ 2. Re-black-top east parking lot AND strip All 5 parking lots
 - 8_ 3. Remove patio block and replace w/ grass
 - 9_ 4. Remove shrubs around buildings replacing w/ new shrubs or grass
 - 10_ 5. Replace cracked sidewalks
 - 11_ 6. Inspect and replace existing CLAY sewer pipes w/ PVC
 - 12_ Demolition and Disposition
 - 13_ Homeownership: Voucher Homeownership Program
 - 14_ Crime and Safety: PHDEP Plan
 - 15_ Other Information:
 - P__ Resident Advisory Board Consultation Process
 - Q__ Statement of Consistency with Consolidated Plan
 - R__ Criteria for Substantial Deviations and Significant Amendments

Attachments

- Attachment A : Supporting Documents Available for Review
- Attachment __: Capital Fund Program Annual Statement
- Attachment __: Capital Fund Program 5 Year Action Plan
- Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment __: Resident Membership on PHA Board or Governing Body
- Attachment __: 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)

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.

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? \$ 57,654.00_____

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
(See list in Table of Contents)

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment
(See list in Table of Contents)

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.

B__ 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)]

B__ 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) Brian Schimming
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) not needed for this submission per regional office

3__ PHA Requests for support from the Consolidated Plan Agency
x 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

4_ Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Electrical upgrade will cost much more than previous Director originally projected.

Attachment A Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	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
	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 <input type="checkbox"/> 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

Applicable & On Display	Supporting Document	Related Plan Component
	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 x <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> 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
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-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: Management and Operations
	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
	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	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
	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
	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
	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

Applicable & On Display	Supporting Document	Related Plan Component
	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: Homeownership
	Policies governing any Section 8 Homeownership program (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: law enforcement services for public housing developments assisted under the PHDEP Plan; agreement/s between the PHAs participating in the consortium and a consortium agreement between the consortium and HUD (applicable only to PHAs participating in the consortium as specified under 24 CFR 761.15); agreements (indicating specific leveraged support) with agencies/organizations providing, services or other in-kind resources for PHDEP-funded activities in conjunction with other law enforcement efforts; agreement(s) with local law enforcement agencies (receiving any PHDEP funding); statistics and other relevant data (including Part I and specified Part II categories) collected for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
	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 (already sent to local HUD office)	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
x	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Below is the Board approved F/Y 2001 Budget

INCOME

Renatl	94,800.00
Excess utilities	2,500.00
CD interest	3,000.00

TOTAL OPERATING INCOME 100,300.00

CURRENT HOLDINS

Indianhead CD	22,674.65
CFB/CIAP CD	40,000.00
CFB CD	15,000.00
F/Y 2001 Capital Fund Grant	57,654.00

TOTAL EXPECTED INCOME (MINUS INTEREST) \$235,628.65

EXPENDITURES

Admn Salaries	\$20,996.00
Training	1000.00
Travel	1300.00
Accounting	2500.00
Auditing	650.00
Other	4200.00
Tenant services	1000.00
TOTAL ADMN. EXP.	\$31,646.00

UTILITES

Water/sewer	3500.00
Electricity	11,000.00
Gas	15,000.00
Garbage	4120.00
Telephone	1300.00
TOTAL UTILITIES EXP.	\$34,920.00

ORDINARY MAINTENANCE

Materials	4000.00
Labor	15,600.00
Contract costs	7800.00
TOTAL=	\$27,400.00

GENERAL EXP.

Insurance 4500.00
Pmts in lieu of taxes 7000.00
Emp. benefit cont. 2740.00
Employee Pension 5000.00

TOTAL ROUTINE EXPENSES \$113,206.00

NON-ROUTINE EXPENSES

Extraordinary Maintenance 15,000.00
Nonexpendable replacements 5000.00

TOTAL OPERATING EXPENSES=\$133,206.00 (ESTIMATED)

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

	Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of
--	---	----------------------

Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Original	Revised	Obligated	Expended
non-CFP Funds				
Operations	57,654.00			
Management Improvements				
Administration				
Audit				
Liquidated Damages				
Fees and Costs				
Site Acquisition				
Site Improvement				
Dwelling Structures				
1 Dwelling Equipment <input type="checkbox"/> Nonexpendable				
Nondwelling Structures				
Nondwelling Equipment				
Demolition				
Replacement Reserve				
Moving to Work Demonstration				
1 Relocation Costs				
Mod Used for Development				
Contingency				
Amount of Annual Grant: (sum of lines 2-19)				
Amount of line 20 Related to LBP Activities				
Amount of line 20 Related to Section 504 Compliance				

Amount of line 20 Related to Security				
Amount of line 20 Related to Energy Conservation Measures				

Wide s				Original	Revised	Funds Obligated	Funds Expended

Fund Program 5-Year Action Plan

Complete a 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 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 it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
statement <input checked="" type="checkbox"/> Revised statement <input type="checkbox"/>		
Development Name (or indicate PHA wide)		
Spooner Housing Authority		
Category of Needed Physical Improvements or Management Items	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace electrical meter banks throughout facility	45,000.00	2000
Upgrade interior electrical systems		
Repaint 5 parking lots		
Remove overgrown shrubs		
Sewer line inspection/repair/replacement		
Sewer line inspection and replacement		
Total estimated cost over next 5 years	45,000.00	

The current system would not allow me to enter separate dollar amounts for estimated costs or start dates, so I am adding here instead.

Replace old meter banks \$15,000.00 f/y 2000 (underway now) Up-grade interior electric systems @5,000.00. (underway now)

Blacktop/line paint 5 parking lots @ 5000.00 in 2001. Remove shrubs @ 1000.00 in 2001. Sewer line inspection/replacement @ 10,000.00 in 2002.

Sidewalk repair/replacement @5000.00 2002-3 for a TOTAL estimated cost of \$45,000.00

PHA Public Housing Drug Elimination Program Plan

This PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH No.

General Information/History

Amount of PHDEP Grant \$ _____

Priority type (Indicate with an "x") N1 _____ N2 _____ R _____

Priority in which funding is requested _____

Brief Summary of Annual PHDEP Plan

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.

Target Areas

Use 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 the PHDEP IC.

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

Duration of Program

Identify 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 and identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

Program History

For each year that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance at the time of submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “G” for grant extensions received.

Year	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

PHDEP Plan Goals and Budget

Plan Summary

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.

Budget Summary

Provide the amount of PHDEP funding allocated to each line item.

--

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Item	Total Funding
Reimbursement of Law Enforcement	
Community Initiative	
Buyback TA Match	
Buy Personnel	
Payment of Investigators	
Community Tenant Patrol	
Capital Improvements	
Prevention	
Intervention	
Treatment	
Program Costs	
PHDEP FUNDING	

PHDEP Plan Goals and Activities

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 and not to exceed two sentences in any column. Tables for line items in which the PHA has no plan activities should be deleted.

Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators

Special Initiative

Total PHDEP Funding: \$

Initiatives	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators

Buyback TA Match

Total PHDEP Funding: \$

Initiatives	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Priority Personnel	Total PHDEP Funding: \$
---------------------------	--------------------------------

Goal(s)							
Objectives							
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Employment of Investigators	Total PHDEP Funding: \$
------------------------------------	--------------------------------

Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Voluntary Tenant Patrol	Total PHDEP Funding: \$
--------------------------------	--------------------------------

ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Physical Improvements

Total PHEDEP Funding: \$

ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Injury Prevention

Total PHEDEP Funding: \$

ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

g Intervention					Total PHDEP Funding: \$		
ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

g Treatment					Total PHDEP Funding: \$		
ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

er Program Costs					Total PHDEP Funds: \$		
ities	# of	Target	Start	Expected	PHDEP	Other Funding	Performance Indicators

	Persons Served	Population	Date	Complete Date	Funding	(Amount /Source)	

Required Attachment ____: 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)

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

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

Elected

Appointed

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

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

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

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

Other (explain):

B. Date of next term expiration of a governing board member: 04/30/01

F_ Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor William Paulson, City of Spooner

Required Attachment _____: 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.)

Do not have one for lack of interest