

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:** Sawyer County Housing Authority

**PHA Number:** WI222

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

**PHA Plan Contact Information:**

Name: Bonney Flora  
Phone: 715 634-4280  
TDD:  
Email (if available): schous@win.bright.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

**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  
LCO Community College Library

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

Main business office of the PHA

**PHA Programs Administered:**

Section 8 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.

| <b>Contents</b>          | <u>Page #</u> |
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| <b>Annual Plan</b>       |               |
| .Annual Plan Information |               |

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.Description of Policy and Program Changes for the Upcoming Fiscal Year

Statement of Consistency with Consolidated Plan

**Attachments**

Attachment A : Supporting Documents Available for Review  
Annual Statement

**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.

We do not anticipate changes 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? \$ \_\_\_\_\_

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

**(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 development

7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)

8. Timeline for activity: a.

Actual or pr

### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. Perhaps: 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**

As this program is fairly new, the possibilities are being explored.

## **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.

. 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. 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

No: below or

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: Wisconsin
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)

Sawyer County does not have a Consolidated Plan.

. PHA Requests for support from the Consolidated Plan Agency

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)

Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the State Consolidated Plan: Affordability of housing to consumers, especially those with severe cost burden, production of new units when possible, fairness and accessibility to housing consumers.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

#### A. Substantial Deviation from the 5-year Plan:

     none

#### B. Significant Amendment or Modification to the Annual Plan:

The Section 8 payment standards have been increased to 110% of the existing FMRs in order to provide additional housing choices. The PHA, in conjunction with Ashland, City of Ashland and Bayfield Counties applied for and received additional vouchers specifically to be used within these counties in order to provide more housing opportunity.

## 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

| <b>Applicable &amp; On Display</b> | <b>Document</b>   | <b>Supporting</b> |
|------------------------------------|---|-------------------|
|                                    | <b>Related Plan Component</b><br>PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations   | 5 Yea             |
|                                    | 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 Yea             |
|                                    | 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<br>Section 8<br>Administrative Plan  |                   |
|                                    | Section 8 rent Annual Plan: Rent determination (payment standard) policies check here if included in Section 8 Administrative Plan  |                   |
|                                    | Section 8 informal review and hearing procedures check here x if included in Section 8 Administrative Plan<br>Grievance Procedures  | Annual Plan:      |
|                                    | 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 .<br>Annual Audit   | Annual Plan:      |

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

|   |   |   |                |
|---|---|---|----------------|
| <b>PHA Name:</b>                                |   | <b>Grant Type and Number</b>              | Capital Fund   |
| Program:  | Capital Fund Program Replacement Housing Factor             | Grant No:                                 |                |
| <b>Original Annual Statement</b>                |   | <b>Reserve for Disasters/ Emergencies</b> |                |
| <b>Revised Annual Statement (revision no: )</b> | <b>Performance and Evaluation Report for Period Ending:</b> |   |                |
| <b>Final Performance and Evaluation Report</b>  |   |   |                |
| <b>Line No. Summary by Development Account</b>  |   | <b>Total Estimated Cost</b>               |                |
|   |   | <b>Original</b>                           | <b>Revised</b> |
| 1   | Total non-CFP Funds   |   |                |
| 2   | 1406 Operations   |   |                |

3 1408 Management Improvements  
4 1410 Administration  
5 1411 Audit  
6 1415 liquidated Damages  
7 1430 Fees and Costs  
8 1440 Site Acquisition  
9 1450 Site Improvement  
10 1460 Dwelling Structures  
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)  
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: **Grant Type and Number** Capital Fund  
 Program #: Capital Fund Program Replacement Housing Factor #:  
 Development Number General Description of Major Work Categories Dev. Acct No.  
 Quantity Total Estimated Cost  
 Total Actual Cost Status of Proposed  
 Name/HA-Wide Activities

Origin:

# 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 \_\_\_\_\_ Capital Fund Program #: \_\_\_\_\_

Capital Fund Program Replacement Housing Factor #: \_\_\_\_\_ **F**

Development Number Name/HA-Wide Activities \_\_\_\_\_ All Fund Obligated (Quart Ending \_\_\_\_\_ **R**

Date) \_\_\_\_\_

|  | All Funds Expended (Quarter Ending Date) |         |        | All Fund Obligated (Quart Ending Date) |         |        |
|--|--|---------|--------|--|---------|--------|
|  | Original                                 | Revised | Actual | Original                               | Revised | Actual |

## 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.

|  | Original statement                      | Revised statement |
|--|---|-------------------|
| Development Number   | Development Name (or indicate PHA wide) |                   |
| Description of Needed Physical Improvements or Management Improvements | Estimated Cost                          | Planned St        |
| <b>Total estimated cost over next 5 years</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 located in applicable PIH 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 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.

| <b>PHDEP Target Areas (Name of development(s) or site Area(s))</b> | <b>Total # of Units within the PHDEP Target Total Population to be Served within the PHDEP Target Area(s)</b> |
|--|---|
|  |   |

### **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.

| <b>Fiscal Year of Funding Date of this Submission</b> | <b>PHDEP Funding Received Grant Extensions or Waivers</b> | <b>Grant #</b> | <b>Fund Balance as of Grant Start Date</b> | <b>Grant T</b> |
|---|---|----------------|--|----------------|
| 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:**

| <b>Budget Line Item</b>                 | <b>Total Funding</b> |
|---|----------------------|
| 9110 - Reimbursement of Law Enforcement |                      |
| 9115 - Special Initiative               |                      |
| 9116 - Gun Buyback TA Match             |                      |
| 9120 - Security Personnel               |                      |
| 9130 - Employment of Investigators      |                      |
| 9140 - Voluntary Tenant Patrol          |                      |
| 9150 - Physical Improvements            |                      |
| 9160 - Drug Prevention                  |                      |
| 9170 - Drug Intervention                |                      |
| 9180 - Drug Treatment                   |                      |
| 9190 - Other Program Costs              |                      |

**TOTAL PHDEP FUNDING**

### **C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise-not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

**9110 - Reimbursement of Law Enforcement**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

PHEDEP 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 Compl

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: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complet

1.

2.

3.

**9130 - Employment of Investigators**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Comple

- 1.
- 2.
- 3.

**9140 - Voluntary Tenant Patrol**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Comple

- 1.
- 2.
- 3.

**9150 - Physical Improvements**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Comple

- 1.
- 2.
- 3.

**9160 - Drug Prevention**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Com

- 1.
- 2.
- 3.

**9170 - Drug Intervention**

**Total**

**PHDEP Funding: \$**

| Goal(s)<br>Objectives | # of Persons Served | Target Population | Start Date | Expected Cor |
|-----------------------|---------------------|-------------------|------------|--------------|
| Proposed Activities   |                     |                   |            |              |
| 1.                    |                     |                   |            |              |
| 2.                    |                     |                   |            |              |
| 3.                    |                     |                   |            |              |

**9180 - Drug Treatment**

**Total PHDEP**

**Funding: \$**

| Goal(s)<br>Objectives | # of Persons Served    | Target Population | Start Date    |
|-----------------------|------------------------|-------------------|---------------|
| Proposed Activities   | Expected Complete Date | PHEDEP Funding    | Other Funding |
| (Amount /Source)      | Performance Indicators |                   |               |

- 1.
- 2.
- 3.

**9190 - Other Program Costs**

**Total PHDEP**

**Funds: \$**

| Goal(s)<br>Objectives | # of Persons Served | Target Population | Start Date |
|-----------------------|---------------------|-------------------|------------|
| Proposed Activities   |                     |                   |            |

- 1.
- 2.
- 3.

**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board**

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

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

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

- Elected
- Appointed

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

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

the PHA 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.

- B. Date of next term expiration of a governing board member: 11/9/00

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

Dorothy Mercer, Chairperson

**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.)

Betty Strot  
Holly Kroll