

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 07/01/2002

HOUSING AUTHORITY OF THE COUNTY OF LITTLE
RIVER, ARKANSAS

AR020V01

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

PHA Plan Agency Identification

PHAName: Housing Authority of the County of Little River, Arkansas

PHANumber: AR020

PHA Fiscal Year Beginning: (07/2002)

PHA Plan Contact Information:

Name: Mary C. Crutchfield

Phone: 870 -542-6464

TDD: 870 -542-6464

Email (if available): lrhouses@mail.cswnet.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 2002**
[24CFR 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 a letter that applies. 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 filename 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 __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment: D Resident Membership on PHA Board or Governing Body
- Attachment: E Membership of Resident Advisory Board or Boards
- Attachment: F Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Attachment: G Voluntary Conversion Assessment

ii.ExecutiveSummary

[24CFRPart903.79(r)]

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

The plans, statements, budget summary, policies, etc. set forth in this Annual Plan all lead towards the accomplishment of four goals and objectives stated in our 5 year plan.

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

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.

There are no changes in the policies or programs administered by this agency that are not covered in other sections of this update .

2.CapitalImprovementNeeds

[24CFRPart903.79(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? \$281,480.

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)CapitalFundProgram5 -YearActionPlan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

(2)CapitalFundProgramAnnualStatement

The Capital Fund Program Annual Statement is provided as Attachment A

3.D emolitionandDisposition

[24CFRPart903.79(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

[24CFR Part 903.79(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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA 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

[24CFR Part 903.79(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 (Filename) _____

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 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: State of Arkansas; County of Little River.

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: N/A

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:

The Housing Authority of the County of Little River, Arkansas will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:

- Any alteration of the PHA's Mission Statement.
- Any change or amendment to a stated Strategic Goal.
- Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met.
- Any introduction of a new Strategic Goal or a new Strategic Objective.
- Any alteration in the Capital Fund Program (CFP) that affects an expenditure greater than twenty percent (20%) of the CFP Annual Budget for that year.

A. Significant Amendment or Modification to the Annual Plan:

In defining the above, the Housing Authority of the County of Little River, Arkansas intends by Strategic Goal

and Strategic Objectives specifically those items in its Five Year Plan and any change in the above items will be considered a "substantial deviation" from the Plan. Furthermore, the PHA considers the following changes and that these items are "significant amendments or modifications" to the Agency Plan:

1. Change to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, home ownership programs or **conversion** activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

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
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
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 jurisdiction 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 checked="" type="checkbox"/> 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 <input checked="" 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 checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI 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, PIH99 -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
X	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 home ownership programs/plans	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	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 (PHEDEP) semi -annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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 checked="" 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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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					
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program: AR37P02050100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 7/2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01		<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				
3	1408 Management Improvements	\$28,000.00	\$28,494.34	\$17,071.00	\$17,071.00
4	1410 Administration	\$36,060.00	\$36,060.00	\$36,060.00	\$27,316.18
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$16,390.00	\$16,590.00	\$16,590.00	\$16,590.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$165,385.00	\$157,964.22	\$157,964.22	\$133,950.62
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$30,059.00	\$36,785.44	\$36,785.44	\$33,106.89
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)	\$275,894.00	\$275,894.00	\$255,340.66	\$228,034.69
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				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program: AR37P02050100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 7/2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
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								
PHAName: Housing Authority of the County of Little River, Arkansas			Grant Type and Number Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 7/2000		
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	
PHAWIDE	Management Improvements	1408						
	a) Replacemaint. van with 1/2 ton truck		1	28,000.00	17,071.00	17,071.00	17,071.00	Complete
	b) Replac riding lawn mower		1	-0-	11,423.34	-0-	-0-	Planning
PHAWIDE	Administrative	1410						
	a) Salary CFP Coordinator	1410.02		26,460.00	26,460.00	26,460.00	19,845.00	In Progress
	b) Benefits	1410.09		8,100.00	8,100.00	8,100.00	5,972.22	
	c) Travel/Training	1410.10		1,000.00	1,000.00	1,000.00	1,073.66	
	d) Sundry/Advertising	1410.19		500.00	500.00	500.00	425.30	
PHAWIDE	Fees & Costs	1430						
	Architect & Engineering			16,390.00	16,590.00	16,590.00	16,590.00	Complete
AR20 -1	Dwelling Structures	1460						
	a) GFI's - Kitchen & Bath		30	1,452.00	1,507.00	1,507.00	1,356.30	Complete
	b) Bath accessories & lav. Faucets		28	8,611.12	8,896.20	8,896.20	8,006.58	Complete
	c) Interior Doors & Frames		28	62,456.00	47,885.34	47,885.34	43,096.81	Complete
	d) Washer Valve Connections		30	2,250.00	2,250.00	2,250.00	2,025.00	Complete
	e) Fluorescent Kit. Lights		30	3,300.00	3,300.00	3,300.00	2,970.00	Complete
	f) Tub Shower faucet kits		28	5,740.00	5,740.00	6,522.92	5,870.63	Complete
	g) Contractor Bonds, etc.			5,237.40	5,237.40	5,237.40	5,237.40	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAN Name: Housing Authority of the County of Little River, Arkansas			Grant Type and Number Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 7/2000		
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	
AR20 -2	Dwelling Structures	1460						
	a) GFI's Kit. & Bath		12	580.80	580.80	580.80	580.80	Complete
	b) Bath accessories & Lav Faucets		9	3,195.28	2,910.40	2,190.40	2,619.36	Complete
	c) Interior Doors & Frames		10	18,056.00	15,961.52	15,961.52	15,961.52	Complete
	d) Washer Valves		10	750.00	750.00	750.00	675.00	Complete
	e) Kitchen Fluorescent		10	1,110.00	1,110.00	1,110.00	990 .00	Complete
	f) Tub/shower faucet kits		9	1,845.00	2,208.08	2,208.08	1,987.28	Complete
AR20 -3	Dwelling Structures	1460						
	a) GFI's Kitchen & Bath		12	580.80	580.80	580.80	522.72	Complete
	b) A/C for elderly units		12	9,748.00	9,748.00	9,748.00	8,773.20	Complete
AR20 -4	Dwelling Structures	1460						
	a) GFI's Kitchen & Bath		24	1,161.60	1,216.60	1,216.60	1,094.94	Complete
	b) Air conditioners for elderly		24	15,028.00	15,028.00	15,028.00	13,525.20	Complete
AR20 -5	Dwelling Structures	1460						
	a) GFI's Kitchen & Bath		50	2,420.00	2,530.00	2,530.00	2,277.00	Complete
	b) Air conditioners for elderly		26	11,440.00	11,440.00	11,440.00	10,296.00	Complete
	c) Replace tile in 2 story units		3	-0-	9,130.00	9,130.00	-0-	Complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program #: AR37P02050100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 7/2000		
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	
AR20 -4	Non-Dwelling Structures	1470						
	a) Storage Doors		24	7,200.00	8,968.56	8,968.56	8,071.70	Complete
	b) Replace condensing unit @ shop		1	1,259.00	1,259.00	1,259.00	1,133.10	Complete
AR20 -5	Non-Dwelling Structures	1470						
	Storage Doors		52	15,600.00	19,431.88	19,431.88	17,488.69	Complete
AR20 -6	Non-Dwelling Structures	1470						
	Storage Doors	1470	20	6,000.00	7,126.00	7,126.00	6,413.40	Complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program#: AR37P02050100 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 7/2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AR20 -1	03-31-02			09-30-03			
AR20 -2	03-31-02			09-30-03			
AR20 -3	03-31-02			09-30-03			
AR20 -4	03-31-02			09-30-03			
AR20 -5	03-31-02			09-30-03			
AR20 -6	03-31-02			09-30-03			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program: AR37P02050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 7/2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <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				
3	1408 Management Improvements	\$50,090.00	\$41,394.00	\$0.00	\$0.00
4	1410 Administration	\$39,255.00	\$39,255.00	\$39,255.00	\$144.90
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$6,000.00	\$14,496.00	\$14,696.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$173,695.00	\$173,695.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment — Nonexpendable	\$12,440.00	\$12,440.00	\$0.00	\$0.00
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)	\$281,480.00	\$281,480.00	\$53,951.00	\$144.90
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program: AR37P02050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 7/2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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								
PHAName: Housing Authority of the County of Little River, Arkansas			Grant Type and Number Capital Fund Program #: AR37P02050101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 7/2001		
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	
PHAWide	Management Improvements	1408		50,090	41,394	-0-	-0-	Planning
PHAWide	Administration	1410						
	a) Salary – CFPCoordinator	1410.02		29,172	29,172	29,172	-0-	In Progress
	b) Benefits	1410.09		8,483	8,483	8,483	-0-	In Progress
	c) Travel/Training	1410.10		1,100	1,100	1,100	-0-	In Progress
	d) Sundry/Advertising	1410.19		500	500	500	144.90	In Progress
PHAWide	Fees & Cost	1430						
	Architect & Engineering Fees			6,000	14,696	14,696	-0-	Contract signed
AR20 -1	Dwelling Structures:	1460						
	Air Conditioners for family units		30	48,800	48,800	-0-	-0-	Planning
AR20 -2	Dwelling Structures:	1460						
	Air Conditioners for family units		10	12,400	12,400	-0-	-0-	Planning

Annual Statement/Performance and E valuation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Housing Authority of the County of Little River, Arkansas			Grant Type and Number Capital Fund Program #: AR37P02 050101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 7/2001		
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	
AR20 -3	Dwelling Structures	1460						
	a) Replace lavatory faucets, drains & cutoff valves		11	2,475	2,475	-0-	-0-	Planning
	b) Washers & valves & boxes		12	1,620	1,620	-0-	-0-	Planning
	c) Kitchen cabinets, sinks, faucets, vent hoods		11	38,500	38,500	-0-	-0-	Planning
	d) Replace bi-fold doors		11	3,000	3,000	-0-	-0-	Planning
	e) Replace carpet in living room & bedroom		2	1,600	600	-0-	-0-	Planning
AR20 -5	Dwelling Structures	1460						
	a) Air conditioners/family units		24	43,100	43,100	-0-	-0-	Planning
	b) Flooring for 2 story units		4	8,800	8,800	-0-	-0-	Planning
AR20 -6	Dwelling Structures	1460						
	Air conditioners for family units		8	13,400	13,400	-0-	-0-	Planning
PHAWIDE	Dwelling Equipment – Nonexpendable	1465.1						
	a) Refrigerators		25	8,125	8,125	-0-	-0-	Planning
	b) Ranges		19	4,315	4,315	-0-	-0-	Planning

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program: AR37P02050102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 7/2002	
<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	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	10,060		-0-	-0-
3	1408 Management Improvements	30,000		-0-	-0-
4	1410 Administration	41,220		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	16,500		-0-	-0-
10	1460 Dwelling Structures	183,700		-0-	-0-
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)	281,480		-0-	-0-
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				

Annual Statement/Performance and Evaluation Report			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary			
PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program: AR37P02050102 Capital Fund Program Replacement Housing Factor Grant No:	
Federal FY of Grant: 7/2002			
<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	
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 (CF P/CFPRHF)
Part II: Supporting Pages

PHAName: Housing Authority of the County of Little River, Arkansas		Grant Type and Number Capital Fund Program #: AR37P02050102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 7/2002			
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	
PHAWIDE	Management Improvements	1408		30,000		-0-	-0-	Planning
PHAWIDE	Administration	1410						
	a) Salary - CFPCoordinator	1410.02		30,632		-0-	-0-	Planning
	b) Benefits	1410.09		9,331		-0-	-0-	Planning
	c) Travel/Training	1410.10		1,100		-0-	-0-	Planning
	d) Sundry/Advertising	1410.19		500		-0-	-0-	Planning
PHAWIDE	Fees & Costs	1430						
	Architect & Engineering Fees			9,717		-0-	-0-	Planning
	Site Improvements	1450						
AR20 -4	Paint Metal Fence			4,500		-0-	-0-	Planning
AR20 -5	Paint Metal Fence			12,000		-0-	-0-	Planning
	Dwelling Structures	1460						
AR20 -1	Raingutters			21,000		-0-	-0-	Planning
AR20 -2	Raingutters			8,400		-0-	-0-	Planning
AR20 -3	Raingutters			8,400		-0-	-0-	Planning
AR20 -4	Raingutters, carpet, remodel kitchen & bath, closet doors, wash valves			145,900		-0-	-0-	Planning

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 years. 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.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number AR20 - 1 thru AR20 -6	Development Name (or indicate PHA wide) Housing Authority of the County of Little River, Arkansas	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
PHA Wide - Computer upgrade	30,000	7/2002
20-1, 20-2 & 20-3 Rain gutters	37,800	7/2002
20-4 Remodel Kitchen & bath, carpet, closet doors, washer valves & rain gutters	145,900	7/2002
20-4, 20-5 Paint metal fences	16,500	7/2002
20-5 Remodel Kitchen & bath, replace floor tile, carpet for elderly	183,365	7/2003
20-5 Rain gutters	25,000	7/2004
20-6 Remodel Kitchen & bath, replace floor tile, carpet for elderly	95,400	7/2004
PHA Wide - Office equipment & copier	30,000	7/2005
20-1 thru 20-6 Re-roof storage bldgs	40,000	7/2005
20-112x12 bldg @ Federal Street.	24,000	7/2005
Totalestimatedcostovernext5years	627,965	

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. This 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 havenot 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 Dates 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
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

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 ____ PHDE P Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
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 TAMatch					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 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
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	PHEDEP 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	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPF unds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

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

Anita Bentz

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 10/01/2004

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:

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

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ashdown Resident Advisory Board

Foreman Resident Advisory Board

James Hersom
Zaddie Threadgill
Joycene Williams

Mary Harris
Gerald Pond
Lina Wilson

Attachment F Comments From Advisory Board Meeting:

On Wednesday, January 23, 2002, the PHA staff met with members of the Resident Advisory Board for Little River County Housing Authority, to discuss the update of our annual modernization plan. The major concern expressed by the advisory board included the following:

Improve the appearance of the property by adding vinyl siding and window shutters to the units. Provide added security in some areas with street lamps. Add park benches for outside sitting area. Install porch rails and clean dirt from the sides of the buildings. All issues were noted and addressed. Some improvements are addressed in the annual and 5-year plan other issues will be addressed by maintenance as time permits. No significant changes were made to this plan at this time.

Attachment G: Voluntary Conversion Assessment

Conversion of Public Housing to Tenant-Based Assistance

[24CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to Section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

Component 10(B) Voluntary Conversion Initial Assessments

a) How many of the PHA's developments are subject to the Required Initial Assessment? Four

- b) How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not General occupancy projects)? Two

How many Assessments were conducted for the PHA's covered developments?
Four

- c) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.
None
- d) If the PHA has not completed the Required Initial Assessments, describe the Status of these assessments.