

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2002

BRADPOCAHONTASPUBLICHOUSINGAGENCY

1403HospitalDrive  
Pocahontas,AR72455

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## PHAPlan AgencyIdentification

**PHAName:** BRADPublicHousingAgency

**PHANumber:** AR247

**PHAFiscalYearBeginning:** 07/ 2002

**PHAPlanContactInformation:**

Name:DebbieSheets,HousingDirector

Phone:870 -892-4547Ext#241

TDD:

Email(ifavailable):5e8ha62@tcac.net

**PublicAccesstoInformation**

**Informationregardinganyactivitiesoutlinedinthisplan canbeobtainedbycontacting:**  
(selectallthatapply)

**BRADPublicHousingAgency,1403HospitalDrive,Pocahontas,AR72455**

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices

**DisplayLocationsFo rPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthat apply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthat apply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

**PHAProgramsAdministered :**

- PublicHousingandSection8
- Section8Only
- PublicHousingOnly

**AnnualPHAPlan**  
**FiscalYear20 02**  
 [24CFRPart903.7]

**i.TableofContents**

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection . ForAttahments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment’sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedas a **SEPARATE**filesubmissionfromthePHAPlans file,providethefilenameinparenthesesinthespacetotheright ofthetitle.

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<input type="checkbox"/> Attachment__:CapitalFundProgramReplacementHousingFactor AnnualStatement	
<input type="checkbox"/> Attachment__:P ublicHousingDrugEliminationProgram(PHDEP)Plan	
<input checked="" type="checkbox"/> AttachmentB:ResidentMembershiponPHABoardorGoverningBody	
<input checked="" type="checkbox"/> AttachmentC:MembershipofResidentAdvisoryBoardorBoards	
<input type="checkbox"/> Attachment__:Comment sofResidentAdvisoryBoardorBoards& ExplanationofPHAResponse(mustbeattachedifnotincludedinPHA Plantext)	
<input type="checkbox"/> Other(Listbelow,providingeachattachmentname)	

**ii.ExecutiveSummary**

[24CFRPart903.79(r)]

AtPHAOption, provideabriefoverviewoftheinformationintheAnnualPlan

**1.SummaryofPolicyorProgramChangesfortheUpcomingYear**

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear’sPHAPlanthatarenotcoveredinother sections of this Update.

**Changeinthe“TimeFramesforDenialofAssistance”**

**2.CapitalImprovementNeeds**

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A.  Yes  No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythis PHAPlan?

B. WhatistheamountofthePHA’sestimatedoractual(ifknown)CapitalFundProgramgrant fortheupcomingyear? \$\_\_\_\_\_

C.  Yes  No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

**(1)Capital FundProgram5 -YearActionPlan**

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachment

**(2)CapitalFundProgramAnnualStatement**

TheCapitalFundProgramAnnualStatementisprovidedasAttachment

**3.D emolitionandDisposition**

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1.  Yes  No: DoesthePHAplantconductanydemolitionordispositionactivities (pursuanttosection18oftheU.S.HousingActof1937(42U.S.C. 1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if “yes”,completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

<b>Demolition/DispositionActivityDescription</b> <b>(NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)</b>	
1a. Developmentname:	
1b. Development(project)number:	
2. Activitytype: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Applicationstatus(selectone) Approved <input type="checkbox"/> Submitted, pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>	
4. Dateapplicationapproved, submitted, orplannedforsubmission: (DD/MM/YY)	
5. Numberofunitsaffected:	
6. Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment	
7. Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units(describellow)	
8. Timelineforactivity: a. Actualorprojectedstartdate ofactivity: b. Actualorprojectedstartdateofrelocationactivities: c. Projectedenddateofactivity:	

**4. VoucherHomeownershipProgram**

[24CFRPart903.79(k)]

A.  Yes  No: DoesthePHAplantoadministera Section8Homeownershipprogram pursuanttoSection8(y)oftheU.S.H.A.of1937,asimplementedby24 CFRpart982?(If“No”,skiptonextcomponent;if“yes”,describethe programusingthetablebelow(copyandcompletequestionsforeach programidentified.)

**B. CapacityofthePHAtoAdministeraSection8HomeownershipProgram**

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpaymentcomesfromthefamily’s resources
- Requiringthatfinancingforpurchaseofahomeunderitssection8homeownership willbeprovided,insuredorguaranteedbythestate orFederalgovernment;comply withsecondarymortgagemarketunderwritingrequirements;orcomplywithgenerally acceptedprivatesectorunderwritingstandards

Demonstratingthatithasorwillacquireotherrelevantexperience(listPHA experience,oranyotherorganizationtobeinvolvedanditsexperience,below):

**5.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEPfundsmustprovi PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfund. dea

A.  Yes  No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'se stimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$ \_\_\_\_\_

C.  Yes  No DoesthePHAplantoparticipateinthePHDEPinthepcomingyear?If yes,answerquestionD.Ifno,skiptonextco mponent.

D.  Yes  No: ThePHDEPPlanisattachedatAttachment\_\_\_\_\_

**6.OtherInformation**

[24CFRPart903.79(r)]

**A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse**

1.  Yes  No: DidthePHAreceiveanycommentsonthePHAPlanfromtheResident AdvisoryBoard/s?

2. Ifyes,thecommentsareAttachedatAttachment(Filename)

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

ThePHAchangedportionsofthePHAPlaninresponsetocomments Alistofthesechangesisincluded

Yes  No: below or

Yes  No: attheendoftheRABCommentsinAttachment\_\_\_\_\_.

Consideredcomments,butdeterminedthatnochangestothePHAPlanwere necessary.AnexplanationofthePHA'sconsiderationisincludeda ttheattheend oftheRABCommentsinAttachment\_\_\_\_\_.

Other:(listbelow)

TheResidentAdvisoryBoardwasinfullagreementwiththePHAplanandmadeno recommendationsorcommentssuggestingthatanyadditionalchangesoradditions bemade.

**B.StatementofConsistencywiththeConsolidatedPlan**

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesasnecessary).

1.ConsolidatedPlanjurisdiction:TheStateofArkansas

2.ThePHAhasstakenthefollowingstepstoensureconsistencyofthisPHAPlanwiththe ConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictiononthe needsexpressedin theConsolidatedPlan/s.
- ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
- ThePHAhasconsultedwiththeConsolidated Planagencyduringthe developmentofthisPHAPlan.
- ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwith specificinitiativescontainedintheConsolidatedPlan.(listsuchinitiativesbelow)

BRADPublicHousingAgencyadministersonlyaSection8Voucherprogram of120vouchers.BecauseofitsmodestsizethefederalRegulatory constraintsofthisprogram,thisAgencyhaslittledescretioninitshousing programs.

TheStateConsolidatedPlanconteststheimportanceoftenant -basedrental assistanceinitsHomestrategy.TheStatewritesthataneffectiveTBRAProgram isessentialtoitsplansinHometargetedcommunities.AlthoughRandolph Countyisnotahometargetarea,thestate'sremarksabouttheSection8 programas"anessentialelementofArkansas'annualapprovalhousingstrategy forexpandingthesupply,affordabilityandavailabilityofdecent,safe,sanitary andaffordablehousing"clearlyalsoappliestotheSection8programoffered by BRADPublicHousingAgency.

Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

Yes  No:DoesthePHArequestfinancialorothersupportfromtheStateorlocal governmentagencyinordertomeettheneedsofitspublichousingresidentsor inventory?Ifyes,pleaselistthe5mostimportantrequestsbelow:

4.TheConsolidatedPlanofthejurisdictionssupportsthePHAPlanwiththefollowingactions andcommitments:(describethebelow)

**C.CriteriaforSubstantialDeviationandSignificantAmendments**

**1. AmendmentandDeviationDefinitions**

24CFRPart903.7(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**

In addition to the criteria established by HUD, BRAD Public Housing Agency will consider any change in the agency plan to constitute substantial deviation if it results in a tangible impact on the tenants.

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

Added to the Agency's Administrative Plan under "Time Frames for Denial":

(2) Persons who have been convicted of a drug-related criminal activity shall be ineligible for admission to the program for a three-year (3) period beginning on the date of such conviction.

## 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing using Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
NA	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
NA	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
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Schedule of flat rents offered each public housing development <input 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
NA	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
NA	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	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
NA	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
NA	Public housing grievance procedures <input 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
NA	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	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
X	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>ListofSupportingDocumentsAvailableforReview</b>		
<b>Applicable &amp; OnDisplay</b>	<b>SupportingDocument</b>	<b>RelatedPlan Component</b>
NA	Approvedorsubmittedassessmentsofreasonable revitalizationof publichousinga ndapprovedorsubmittedconversionplans preparedpursuanttosection202ofthe1996HUDAppropriations Act,Section22oftheUSHousingActof1937,orSection33of theUSHousingActof1937	AnnualPlan: ConversionofPublic Housing
NA	Approvedor submittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
NA	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
NA	Cooperationagreementbet weenthePHAandtheTANFagency andbetweenthePHAandlocalemploymentandtrainingservice agencies	AnnualPlan: CommunityService& Self-Sufficiency
NA	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
NA	Section3documentationrequiredby24CFRPart135,SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
NA	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP)semi -annualperformancereport	AnnualPlan:Safety andCrimePrevention
NA	PHDEP-relateddocumentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in -kind resources for PHDEP -funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	AnnualPlan:Safety andCrimePrevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

<b>ListofSupportingDocumentsAvailableforReview</b>		
<b>Applicable &amp; OnDisplay</b>	<b>SupportingDocument</b>	<b>RelatedPlan Component</b>
X	TheresultsofthemostrecentfiscalyearauditofthePHA conductedundersection5(h)(2)oftheU.S.HousingActof1937 (42U.S.C.1437c(h)),theresultsofthatauditandthePHA's responsetoanyfindings	AnnualPlan:Annual Audit
NA	TroubledPHAs:MOA/RecoveryPlan	TroubledPHAs
	Othersupportingdocuments(optional) (listindividually;useasmanylinesasnecessary)	(specifyasneeded)

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProg ramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
PHAName:		GrantTypeandNumber CapitalFundProgram: CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant:
<input type="checkbox"/> OriginalAnnualStatement		<input type="checkbox"/> Reserve forDisasters/Emergencies			<input type="checkbox"/> RevisedAnnualStatement(revisionno: )
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> FinalPerformanceandEvaluationReport			
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415 liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)				
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProg ramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
<b>PHAName:</b>	<b>GrantTypeandNumber</b> CapitalFundProgram: CapitalFundProgram ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b>	
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Reserve forDisasters/Emergencies</b></span> <span style="margin-left: 20px;"><input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:     )</b></span>					
<input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b></span>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				





### CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA-widephysicalormangementimprovements plannedinthenext5PHAfiscalyear.Copythistableasmanytimes asnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5 -Yearcycle,becausethis informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
<b>Totalestimatedcostovernext 5years</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. 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. PHDEPProgramHistory**

IndicateeachFYthatfundinghasbeenreceivedunderthePHDEPProgram(placean“x”byeachapplicableYear)andprovideamountoffundingreceived.Ifpreviouslyfunded programs haveno t beenclosedoutatthetimeofthissubmission,indicatethefundbalanceandanticipatedcompletiondate.TheFundBalanceshouldreflectthebalanceasof DateofSubmissionofthePHDEPPlan.TheGrantTermEndDateshouldincludeanyHUD -approvede xtensionsorwaivers.Forgrantextensionsreceived,place“GE”incolumn or“W”forwaivers.

FiscalYearof Funding	PHDEP Funding Received	Grant#	FundBalance asofDateof thisSubmission	Grant Extensions orWaivers	GrantStart Date	GrantTerm EndDa te
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section2:PHDEPPlanGoalsandBudget**

**A.PHDEPPlanSummary**

Inthespacebelow,summarizethePHDEPstrategytoaddresstheneedsofthetargetpopulation/targetarea(s). Yoursummaryshouldbrieflyidentify:thebroadgoalsand objectives,theroleofplanpartners, andyoursystemorprocessformonitoringandevaluatingPHDEP -fundedactivities .Thissummaryshouldnotexceed5 -10sentences.

**B.PHDEPBudgetSummary**

EnterthetotalamountofPHDEPFundingallocatedtoeachlineitem.

<b>FFY _____ PHDEPBudgetSummary</b>	
<b>Originalstatement</b>	
<b>Revisedstatementdated:</b>	
<b>BudgetLineItem</b>	<b>TotalFunding</b>
9110 –ReimbursementofLawEnforcement	
9115 -SpecialInitiative	
9116 -GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

**C. PHDEPPlanGoalsandActivities**

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudgetlineitem(wh ereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovideinformationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesin anycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsoractivitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>	<b>TotalPHDEPFunding:\$</b>
Goal(s)	
Objectives	

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 – VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9150 - PhysicalImprovements</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

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

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

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/S ource)	PerformanceIndicators
1.							
2.							
3.							



## Required Attachment B: 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:

Faye Inez Leverton

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 04/30/2010

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 C: 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.)

1. Mary Byers
2. Mary Marlett
3. Rhonda Johnson
4. La Donna Kemp
5. Robert Prichard
6. Faye Inez Leverton
7. Jerrie Moore
8. Donald Secrest
9. Judy Roberson
10. Tammy Davis
11. Dianna Reinhold
12. David Sawyer