

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

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

## PHA Plan Agency Identification

**PHAName:** HOUSING & REDEVELOPMENT AUTHORITY OF  
ALEXANDRIA, MINNESOTA

**PHANumber:** MNO35

**PHAFiscalYearBeginning:** January 1, 2002

**PHA Plan Contact Information:**

Name: Housing & Redevelopment Authority of Alexandria, MN

Phone: 320 -762-1311

TDD: 320 -762-8115

Email (if available): alexhra@rea -alp.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 20 02**  
[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 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 filename in parentheses in the space to the right of the title.

<b>Contents</b>	<u>Page#</u>
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3. Demolition and Disposition	
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<b>Attachments</b>	
Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment__	Capital Fund Program Annual Statement
<input checked="" type="checkbox"/> Attachment__	Capital Fund Program 5 Year Action Plan
<input type="checkbox"/> Attachment__	Capital Fund Program Replacement Housing Factor Annual Statement
<input type="checkbox"/> Attachment__	Public Housing Drug Elimination Program (PHDEP) Plan
<input type="checkbox"/> Attachment__	Resident Membership on PHA Board or Governing Body
<input checked="" type="checkbox"/> Attachment__	Membership of Resident Advisory Board or Boards
<input checked="" type="checkbox"/> Attachment__	Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
<input type="checkbox"/> Other (List below, providing each attachment name)	
<input checked="" type="checkbox"/> Attachment__	Brief Statement of Progress in Meeting the Five - Year Plan Mission and Goals.
<input checked="" type="checkbox"/> Attachment__	Deconcentration and Income Mixing
<input checked="" type="checkbox"/> Attachment__	Voluntary Conversion Required Initial Assessment
<input checked="" type="checkbox"/> Attachment__	Capital Fund Program P & E report for FY 2000 and 2001

**ii. Executive Summary**

[24CFR Part 90.3.79(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.

In 2001 we signed a cooperation agreement between the local law enforcement center and the HRA. This was in our 2001 PHA plan. Our agency also drafted a new lease whereby we implemented flat rates and the one -year lease agreement. We also added the One -Strike You're Out policy, housekeeping standards and maintenance charges. The lease was reviewed by our attorney and approved by the PHA Board. Pet Policy was also established and updated in 2001.

Our agency plans on establishing a RAB for Woodhill Townhomes for the year 2002.

No major policy or program changes are intended for the year 2002.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X 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? \$170,000 estimated

C. X 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 (Yes)

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment (Yes)

**3.D Demolition and Disposition**

[24 CFR Part 903.79(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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
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 as Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

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

1. X 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

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 \_\_\_\_.

X Other: (list below)

*None negative comments were received by the RAB or at the public hearing.*

*Everyone who reviewed the PHA plan seemed satisfied with its content.*

**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) *State of Minnesota*

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: (describe below)

*Our agency spoke with Monte Aker of Minnesota Housing Finance Agency. The City of Alexandria had no activities planned within the Consolidated Plan of Minnesota. Therefore, we are consistent with the Consolidated Plan.*

## 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:

*A Substantial Deviation is a decision made by the Board of Commissioners to change the PHA's mission statement, goals or objectives identified in the Five Year Plan. It is also when goals or objectives are changed that affect the residents or have a significant impact to the PHA's financial situation.*

*Our agency does not plan to substantially deviate from the original 5-Year Plan.*

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

*A Significant Amendment or Modification is a change in PHA plans or policies that require formal approval by the Board of Commissioners.*

*Our agency, at this time, does not intend to amend or modify the annual plan unless there is an emergency situation.*

## 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 A available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	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' initiative 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
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 type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents A available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Section 8 rent determination (payment standard) policies <input 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
Haven't received as of this date from HUD	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	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
	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

<b>List of Supporting Documents A available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <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 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);</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>	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) X 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)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b> Alexandria HRA		<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program: MN46P03550102 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>						
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non - CFP Funds					
2	1406 Operations	50,000				
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fee and Costs	5,000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	105,000				
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	10,000				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	170,000 estimated				
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					





### 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.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN035-001	Alexandria Viking Towers	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Viking Towers(001) -Flooring Replacement	\$10,000	2003
Viking Towers(001) -Flooring Replacement	\$10,000	2004
Viking Towers(00 1) -Replacement of kitchen cabinets in community room	\$20,000	2004
Viking Towers(001) -Bathroom repairs -phase1	\$20,000	2004
Viking Towers(001) -Bathroom repairs -phase2	\$30,000	2005
Viking Towers(001) -Bathroom repairs -phase3	\$10,000	2006
Viking Towers(001) -Flooring Replacement	\$10,000	2006
<b>Totalestimatedcostovernext5years</b>	<b>\$110,000</b>	

### Capital Fund Program 5 - Year Action Plan

Complete on 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.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN035-002	Alexandria Woodhill Townhomes	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Kitchen cabinets -phase2	\$50,000	2003
Refrigerators and Stoves -phase2	\$6,000	2003
Softeners	\$20,000	2003
Landscaping, repair water runoff problems with concrete aprons/patios	\$60,000	2003
Playground area -handicap accessible	\$3,000	2003
Bathroom rehab -all units	\$100,000	2004
Blacktop parking area,	\$30,000	2005
Replace metal electrical poles	\$30,000	2005
Garages -phase1	\$50,000	2005
Garages -phase2	\$110,000	2006
Bathroom rehab -phase2	\$40,000	2006
<b>Totalestimatedcost</b>	<b>\$499,000</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName: Alexandria HRA</b>		<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program: MN46P03550100 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<b>Original Annual Statement</b> <b>X Performance and Evaluation Report for Period Ending: 9/30/01</b>		<input type="checkbox"/> Reserve for Disasters/Emergencies    X Revised Annual Statement (revision no: 2) <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	\$15,000	\$27,706.74	\$15,000	\$15,000
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000	\$285	\$285	\$285
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$153,210	\$140,218.26	\$51,749.26	\$22,331.46
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment		\$10,000		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$178,210	\$178,210	\$67,034.26	\$37,616.46
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		\$8,673.26	\$8,673.26	\$8,673.26
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: AlexandriaHRA			<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program#: MN46P03550100 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 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	
Viking Towers (001)	Fire Sprinkler System	1460	All	\$1,000.00	\$4,000.00	\$3,680.80		
Viking Towers (001)	Cement patio/overhang repair	1460	All	\$40,000.00	\$30,000.00			
Viking Towers (001)	Solarium repair	1460	All	\$10,000.00	\$10,000.00			
Viking Towers (001)	Security doors/Camera system	1460	All	\$8,200.00	\$8,673.26	\$8,673.26	\$8,673.26	
Viking Towers (001)	Directory	1460	All	\$2,580.00	-0-			
Viking Towers (001)	Cabinet & Carpet Replacement	1460	All	\$5,930.00	\$5,930.00	\$3,280.20	\$3,280.20	
Viking Towers (001)	Dining room tables, chairs and accessories	1475	Comm Room	-0-	\$10,000			From 2002 CFP
Viking Towers	TOTAL			\$67,710.00	\$68,603.26	\$15,634.26	\$11,953.46	





<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b> Alexan driaHRA		<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program: MN46P03550101 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<b>Original Annual Statement</b> X Performance and Evaluation Report for Period Ending: 9/30/01		<input type="checkbox"/> Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 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	\$36,220.00	\$46,220.00		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,383.00	\$10,383.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$134,500.00	\$124,500.00	\$28,388.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling 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)	\$181,103.00	\$181,103.00	\$28,388.00	
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		\$120,500.00	\$28,388.00	







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

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

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 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: June 2002

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

Mayor for the City of Alexandria, Minnesota

**Required Attachment   X  : 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.)

Norma Nelson  
Denise Reynolds  
Ray Hoffman  
Goldie Benson  
Larry Hoy  
Chris Meyer  
Barbara Schuldt

**Required Attachment \_\_\_\_\_: Brief Statement of Progress in Meeting the Five -Year Plan Mission and Goals.**

The Alexandria HRA has made the following progress in meeting the five year plan mission and goals.

1. Flat rents were determined for Woodhill and Viking Towers.
2. New lease was approved. Includes maintenance charges and housekeeping standards along with "One Strike & You're Out" policy.
3. Set pet policy for Woodhill Townhomes.
4. Signed a cooperation agreement between the city law enforcement and the HRA.
5. Installed sprinkler system at Viking Towers.
6. Installed new security entry system at Viking Towers.
7. Installed new security camera monitoring system at Viking Towers.
8. Installed new directory at Viking Towers.
9. Built a maintenance garage at Woodhill.
10. Installed new furnaces in all 24 units at Woodhill.
11. Ceiling repair has been started at Woodhill.

Required Attachment \_\_\_\_\_: Deconcentration and Income Mixing.

**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name :</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>

**Required Attachment \_\_\_\_\_: Voluntary Conversion Required Initial Assessments.**

**a. How many of the PHA's developments are subject to the Required Initial Assessments?**

*Two.*

**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)?**

*None*

**c. How many Assessments were conducted for the PHA's covered developments?**

*When doing the 3 tests for each development, it did not meet the test of answering yesto all three questions. Viking Towers and Woodhill Townhomes would not be appropriate to convert to tenant-based Section 8 at this time.*

**d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

Development Name	Number of Units
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*None*

**e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:**

*Assessments completed*