

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 04/2002

HRA OF CROSBY, MINNESOTA

MN082v02

## PHA Plan Agency Identification

**PHAName:** Housing and Redevelopment Authority of Crosby, Minnesota  
3003<sup>rd</sup> Ave NE  
Crosby, MN 56441 -1642

**PHANumber:** MN082

**PHA Fiscal Year Beginning:** 04/2002

### PHA Plan Contact Information:

Name: Mike Kneeland, Executive Director  
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TDD: 218 -546-7351  
Email: hracromn@emily.net

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:**

- 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:

- 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

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**ii. Executive Summary**

**1. Summary of Policy or Program Changes for the Upcoming Year**

No changes to the policies or programs discussed in last year's PHA Plan are anticipated.

**2. Capital Improvement Needs**

A. X Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B.

B. What is the amount of the PHA's actual Capital Fund Program grant for the upcoming year?  
\$85,319

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 D

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

The Capital Fund Program Annual Statements are provided as Attachment B and C

**3.D Demolition and Disposition**

1.  Yes X 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?

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>	

<p>5. Number of units affected:</p> <p>6. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>
<p>7. Relocation resources (select all that apply)</p> <p><input type="checkbox"/> Section 8 for units</p> <p><input type="checkbox"/> Public housing for units</p> <p><input type="checkbox"/> Preference for admission to other public housing or section 8</p> <p><input type="checkbox"/> Other housing for units (describe below)</p>
<p>8. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Actual or projected start date of relocation activities:</p> <p>c. Projected end date of activity:</p>

**4. Voucher Homeownership Program**

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**

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 PHA DEP Plan is attached as Attachment \_\_\_\_\_

**6. Other Information**

[

**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 as 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 \_\_\_\_\_.
- Other: (list below)

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

1. Consolidated Plan jurisdiction: 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)

The State of Minnesota Consolidated Plan endorses the continuing objectives of national housing policy in the National Affordable Housing Act of 1990, including: ensure that all residents have access to decent shelter; increase the supply of affordable housing; make neighborhoods safe and livable; expand opportunities for homeownership; provide a reliable supply of mortgage finance; and reduce generational poverty in assisted housing.

Unfortunately, the State of Minnesota Consolidated Plan is not specific to Crosby. The Housing and Redevelopment Authority of Crosby anticipates no State CDBG funds. The State will work with us on an "as needed" basis.

### **C. Criteria for Substantial Deviation and Significant Amendments**

#### **1. Amendment and Deviation Definitions**

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

**A substantial deviation from the 5 -year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5 -year plan.**

##### **A. Significant Amendment or Modification to the Annual Plan:**

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

**Attachment A**  
**Supporting Documents Available for Review**

<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 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 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

<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	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
	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
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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 <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) 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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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 result 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 result 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)

Attachment 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>PHA Name:</b> Housing and Redevelopment Authority of Crosby, MN		<b>Grant Type and Number</b> Capital Fund Program: MN046P08250101 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2001	
<input type="checkbox"/> Original Annual Statement X Performance and Evaluation Report for Period Ending: 9/30/2001		<input type="checkbox"/> Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 1 ) <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				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8962		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	80658		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				

<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> Housing and Redevelopment Authority of Crosby, MN		<b>Grant Type and Number</b> Capital Fund Program: MN046P08250101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001	
<input type="checkbox"/> Original Annual Statement X Performance and Evaluation Report for Period Ending: 9/30/2001		<input type="checkbox"/> Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	89620		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					
24	Amount of line 20 Related to Energy Conservation Measures					





Attachment C

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
<b>PHA Name:</b> Housing and Redevelopment Authority of Crosby, MN		<b>Grant Type and Number</b> Capital Fund Program: MN046P08250102 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2002	
<input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: 9/30/2001		<input type="checkbox"/> Reserve for Disasters/Emergencies 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				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	76,319			
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				

<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> Housing and Redevelopment Authority of Crosby, MN		<b>Grant Type and Number</b> Capital Fund Program: MN046P08250102 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2002	
X <b>Original Annual Statement Performance and Evaluation Report for Period Ending: 9/30/2001</b>						
<input type="checkbox"/> <b>Reserve for Disasters/Emergencies Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	85,319				
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					

<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>								
<b>PHAName:</b> Housing and Redevelopment Authority of Crosby, MN			<b>Grant Type and Number</b> Capital Fund Program #: MN046P08250102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 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	
MN082001	Fees & Costs for Asbestos Removal	1430	LS	9,000				
MN082001	Asbestos Removal	1460	5	20,000				
MN082001	Remodel Apartments (106 -110)	1460	5	54,319				
MN082001	Remodel Hallways	1460	1	2,000				
	Note: This is a continuation of the 2001 CFP							



Attachment D

**Capital Fund Program 5 - Year Action Plan**

<b>CFP5 - Year Action Plan</b>		
X Original statement <input type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
MN082001	Housing Authority Wide	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Asbestos Removal	100,000	01/01/2002
Remodel Apartments	240,000	
Remodel Hallway	30,000	
Remodel Boiler Room with New Boilers	20,000	
Remodel Shop	25,000	
Remodel Community Room	25,000	
<b>Totalestimatedcostovernext5years</b>	<b>440,000</b>	



**C. PHDEP Plan Goals and Activities**

<b>9110 – Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9115 - Special Initiative</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9116 - Gun Buyback TAMatch</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9120 - Security Personnel</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							

Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

<b>9140 – Voluntary Tenant Patrol</b>						<b>Total PHEDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<b>Total PHEDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>						<b>Total PHEDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>						<b>Total PHEDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>						<b>Total PHEDEP Funding: \$</b>	
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

Attachment E

**Resident Member on the PHA Governing Board**

1. X Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

A. Name of resident member on the governing board: David Larum

B. How was the resident board member selected?

- Elected  
X Appointed

C. The term of appointment is 5 Years and expires 08/2004

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: 08/2002

C. Name and title of appointing official for governing board:  
Linda Faatz, Mayor, City of Crosby, Minnesota

Attachment F

**Membership of the Resident Advisory Board**

Members of the Resident Advisory Board:

JEFF SMITH	PRESIDENT
RODNEY MCGAUGHEY	VICE-PRESIDENT
ISABELLE ERICKSON	SECRETARY
ROBERTA ANDERSON	
JANET KERN	
KATHY SMITH	

Attachment G

**SUMMARY OF SIGNIFICANT POLICY CHANGES**

Resolution #249 in April, 2001 adopted new Capitalization Policy limits.

Resolution #252 in November, 2001 adopted a Repayment Policy.

Resolution #256 in January 2002 suspended the Community Service requirement.

Attachment H

**VOLUNTARY CONVERSION REQUIRED INITIAL ASSESSMENT**

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

**One**

b. How many of the HRA of Crosby'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 HRA of Crosby's covered developments?

**One**

d. 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:

**N/A**