

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

Small PHA Plan Update
Annual Plan for Fiscal Year: July 1, 2002 - June 30, 2003

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

**OMB Approval No: 2577-0226
Expires: 03/31/2002**

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Expires: 03/31/2002

**PHA Plan
Agency Identification**

PHAName: McLeod County Housing and Redevelopment Authority

PHANumber: MN203

PHA Fiscal Year Beginning: (mm/y yy) 07/2002

PHA Plan Contact Information:

Name: Jill Bengtson

Phone: (320) 235 -0850

TDD: (320) 235 -8570

Email (if available): Jillb@heartlandcaa.org

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)

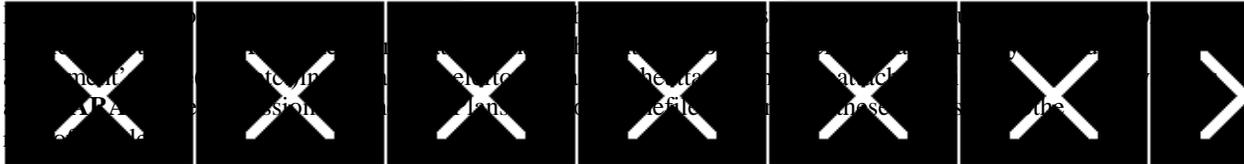
- Main business office of the PHA
- PHA development management offices
- Other (list below)

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only Public Housing Only

**Annual PHA Plan
Fiscal Year 2003**
[24CFR Part 903.7]

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| ___ Other (List below, providing each attachment name) | | |

ii. Executive Summary

[24CFR Part 903.79(r)]



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



In the previous year, the PHA has adopted a revised Section 8 Administrative Plan.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]



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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions



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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]



1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937) (42 U.S.C.

1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) | |
|---|--|
| 1a. Development name: | |
| 1b. Development (project) number: | |
| 2. Activity type: Demolition Disposition | |
| 3. Application status (select one) Approved Submitted, pending approval Planned application | |
| 4. Date application approved, submitted, or planned for submission: <u> (DD/MM/YY) </u> | |
| 5. Number of units affected: | |
| 6. Coverage of action (select one) Part of the development Total development | |
| 7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below) | |
| 8. Timeline for activity: a. Actual or 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 home owner 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)]

Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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 considerations 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: (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)

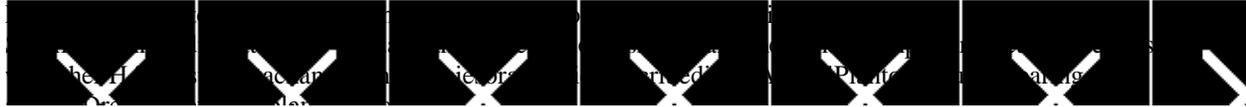
PHA Requests for support from the Consolidated Plan Agency

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)

C. Criteria for Substantial Deviation and Significant Amendments

Amendment and Deviation Definitions
 24CFR Part 903.7(r)



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 5 -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.

B. Significant Amendment or Modification to the Annual Plan: A change in the plans or policies of the PHA that require formal approval by the Board of Commissioners.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

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

| Applicable & On Display | Supporting Document | Related Plan Component |
|-------------------------|--|--|
| | 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 |
| | Any policy governing occupancy of Police Officers in Public Housing 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 |
| | Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| | Schedule of flat rents offered each public housing development check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| x | Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| | 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 |
| | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| x | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| x | Any required policies governing any Section 8 special housing types <u>X</u> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| | Public housing grievance procedures _____ check here if included in the public housing A&O Policy | Annual Plan: Grievance Procedures |
| x | Section 8 informal review and hearing procedures <u>X</u> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |

| Applicable & On Display | Supporting Document | Related Plan Component |
|-------------------------|---|---|
| | The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| | Most recent CIAP Budget/Progress Report (HUD 528 25) 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, PIH 99 -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 19 37 | Annual Plan: Conversion of Public Housing |
| | Approved or submitted public housing home ownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| | 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 |
| x | 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 (PHEDEP) semi -annual performance report | Annual Plan: Safety and Crime Prevention |

| Applicable & On Display | Supporting Document | Related Plan Component |
|-------------------------|---|--|
| | <p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> • Baseline law enforcement services for public housing developments assisted under the PHDEP plan; • Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24CFR761.15); • Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; • Coordination with other law enforcement efforts; • Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and • All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| | <p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24CFR Part 960, Subpart G)</p> <p>_____ check here if included in the public housing A&O Policy</p> | Pet Policy |
| x | <p>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</p> | 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) |

Table Library

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|--|-----------------------|---------|-------------------|----------------------|
| PHA Name: | | Grant Type and Number | | | Federal FY of Grant: |
| Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:) Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non-CFF Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1498 Mod Used for Development | | | | |
| 19 | 1502 Contingency | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 -19) | | | | |

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| | | | | | |
|----|---|--|--|--|--|
| 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 | | | | |

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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 | | |
|--|---|-------------------------------------|
| Original statement | Revised statement | |
| Development Number | Development Name (or indicate PHA wide) | |
| | | |
| Description of Needed Physical Improvements or Management Improvements | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| | | |
| Total estimated cost over next 5 years | | |

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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 PHDEPT Target Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

| PHDEPT Target Areas (Name of development(s) or site) | Total # of Units within the PHDEPT Target Area(s) | Total Population to be Served within the PHDEPT 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)

12Months _____ **18Months** _____ **24Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in



Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

| 9110 –ReimbursementofLawEnforcement | | | | | TotalPHDE PFunding:\$ | | |
|--|--------------------|-------------------|------------|------------------------|------------------------------|-------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDE P Funding | OtherFunding (Amount/ Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

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

| | | | | | | | |
|--------------------------------|--|--|--|--|-----------------------------|--|--|
| 9116 -GunBuybackTAMatch | | | | | TotalPHDEPFunding:\$ | | |
| Goal(s) | | | | | | | |

| Objectives | | | | | | | |
|--------------------|--------------------|-------------------|------------|------------------------|----------------|------------------------------|-----------------------|
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

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

| 9130 –EmploymentofInvestigators | | | | | TotalPHDEPFunding:\$ | | |
|---------------------------------|--|--|--|--|----------------------|--|--|
|---------------------------------|--|--|--|--|----------------------|--|--|

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

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

| | | | | | | | |
|------------------------------------|--|--|--|--|-----------------------------|--|--|
| 9150 - PhysicalImprovements | | | | | TotalPHDEPFunding:\$ | | |
| Goal(s) | | | | | | | |

| Objectives | | | | | | | |
|--------------------|--------------------|-------------------|------------|------------------------|----------------|------------------------------|-----------------------|
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 -DrugPrevention | | | | | TotalPHDEPFunding:\$ | | |
|-----------------------------|--------------------|-------------------|------------|------------------------|-----------------------------|------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedActivities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

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

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

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

| 9190 -OtherProgramCosts | | | | | TotalPHDEPFunds:\$ | | |
|--------------------------------|---------------------------|----------------------|---------------|------------------------------|---------------------------|---------------------------------|-----------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| ProposedAc tivities | #of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | OtherFunding (Amount/Source) | PerformanceIndicators |
| 1. | | | | | | | |

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 2. | | | | | | | |
| 3. | | | | | | | |

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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)

Name of resident member(s) on the governing board: Chris Schwegler

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 10/3/00 - 12/31/04

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: 1/1/03

Name and title of appointing official(s) for governing board (indicate appointing official for the next position): McLeod County Board of Commissioners

**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.)

All Section 8 Program participants were appointed to the Resident Advisory Board by the HRA.