

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of St. Albans

PHA Number: WV021-1 and WV021-3

PHA Fiscal Year Beginning: January 1, 2002

PHA Plan Contact Information:

Name: Sylvia I. Sherrod

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Email (if available): sylvia247@ntelos.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
 PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

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

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only Public Housing Only

**Annual PHA Plan
Fiscal Year 2002**

[24 CFR Part 903.7]

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

No changes to policies or programs at this time.

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.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA=s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ __\$160,000.00_____

C. Capital Fund Program Grant Submissions
The Capital Fund Program 5-Year Action Plan is provided as Attachment B

(1) Capital Fund Program 5-Year Action Plan

(2) Capital Fund

Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not to 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 a No@, skip to next component ; if Ayes@, 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 Unsubmitted application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
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 Reference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity:

Actual or projected start date of activity: Actual or projected start date of relocation activities: Projected end date of activity:
--

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (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 ANo@, skip to next component; if Ayes@, 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

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

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

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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 **F**

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment .

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA=s consideration is included at the end of the RAB Comments in Attachment **F**

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

City of St. Albans/Kanawha County jurisdiction

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)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. **The Authority will continue to maintain scattered sites.**
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. **The City of St. Albans made our Authority a part of Consolidated Plan Process planning.**
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. **City leaders had an opportunity to make comments.**

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 inventory?

government agency in order to meet the needs of its public housing residents or

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

24 CFR Part 903.7[®]

A. Substantial Deviation from the 5-year Plan:

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.

B. Significant Amendment or Modification to the Annual Plan:

It will not be a considered a significant amendment or modification to the Annual Plan for the PHA to change its policies if:

- The change is necessary to comply with State or Local Law.
- To insure compliance with QHWRA.
- Is necessary to comply with a court order.
- The PHA has determined that it is in the best interest of the Authority and is Necessary to insure effective, efficient management.

It will also not be considered a significant amendment or a modification to the Capital Fund Program for the PHA to use excess funds to complete any work item listed in any grant year of the 5-Year Plan or any item listed under the Schedule of non-routine expenditures of the regular operating budget.

Any change or modification that does not meet the criteria listed above will be considered a significant amendment or modification and will be subject to the Public Hearing and HUD review process.

chment_A_

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. **Supporting Documents Available for Review**

List of Supporting Documents Available for Review		
	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
	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
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP). which includes the Tenant Selection and Assienment Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
	Supporting Document	Related Plan Component
	[TSAP]	
	Any policy governing occupancy of Police Officers in Public Housing check here if in 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 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 check here if included in the A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if in	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

List of Supporting Documents Available for Review		
	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if in	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if in A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if in	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
	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	Annual Plan: Demolition and Disposition

List of Supporting Documents Available for Review		
	Supporting Document	Related Plan Component
	public housing	
	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	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation:	Annual Plan: Safety and Crime Prevention
	\$ Baselin	
	\$ Consort	
	\$ Partner	
	\$ Coordin	
	\$ Written	

List of Supporting Documents Available for Review		
	Supporting Document	Related Plan Component
	\$ All crim	
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <u>check here if included in the public housing A & O Policy</u>	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

Table Library

Annual Statement/Performance and Evaluation Report					
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual Statement		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	15,000.00		0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	124,347.00		0	0
11	1465.1 Dwelling Equipment Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

Annual Statement/Performance and Evaluation Report					
Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	149,347.00		0	0
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: City of St. Albans Housing Authority			Grant Type and Number Capital Fund Program #: WV15P02150100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Proposed		
Name/HA-Wide Activities					Original	Revised	Funds Obligated	Funds Expended	Work
WV21-all	Operations & Advertisements		1406		15,000		0	0	Hiring A/E
WV21-all	Fees and Costs		1430		10,000		0	0	
WV21-1	Siding, Facia, Gutters, Downspouts		1460		71,121				
	Bathroom Renovations		1460		21,226		0	0	
	Storm Doors		1460	20		8,000	0	0	
	Patch & Seal Parking Areas		1460	20		10,000	0	0	
	Repair Ramp		1460			10,000	0	0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: City of St. Albans Housing Authority			Grant Type and Number Capital Fund Program #: WV15P02150100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Proposed		
Name/HA-Wide Activities					Original	Revised	Funds Obligated	Funds Expended	Work
	Smoke Detectors (Hard wired)		1460	20		4,000	0	0	

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: City of St. Albans Housing Authority			Grant Type and Number Capital Fund Program #: WV15P02150100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WV21-all	3/2003			09/2003			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: City of St. Albans Housing Authority		Grant Type and Number Capital Fund Program #: WV15P02150100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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Annual Statement/Performance and Evaluation Report					
Original Annual Statement					
Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,774.00		0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition			0	0
9	1450 Site Improvement				
10	1460 Dwelling Structures	140,000.00		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				

Annual Statement/Performance and Evaluation Report					
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)		
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)	151,774.00		0	0
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: City of St. Albans Housing Authority			Grant Type and Number Capital Fund Program #: WV15P02150101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities					Original	Revised	Funds Obligated	Funds Expended	Work
WV21-all	Advertisements		1406		1,774		0	0	Hiring A/E
WV21-all	Fees and Costs	1430		10,000	15,000.00	0	0		
WV21-3	Reroof Buildings		1460		60,000.00		0	0	
	Kitchen renovations		1460		55,000.00		0	0	
	Widen Laundry Room Doorway		1460			10,000.00	0	0	
	Bathroom Vanities		1460			10,000.00	0	0	

OMB
Approval No:

2577-0226 HUD 50075
Expires: 03/31/2002

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.

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number WV021	Development Name (or indicate PHA wide) The Villager Apartments Complex	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
<p>The Authority has 10- 0 bedroom units which are hard to market. Past experience and common sense dictates that we are able to lease one bedroom units much quicker than 0 bedrooms. Much of the reason we have received a failing score in the “Lease Up Time” category on past PHMAP scores is due to units that we could not lease up timely. This project will greatly enhance that situation. We propose to tear out the back walls of these units and turn them into 1 bedroom units. We believe these units will be more marketable and our lease up days score will greatly improve. We, therefore, request 2002 funding for this project.</p>		250,000.00
Total estimated cost over next 5 years		\$250,000.00
		Planned Start Date (HA Fiscal Year)
		2003

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number WV021	Development Name (or indicate PHA wide) WV021-all	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
<p>As per our 5-Year Plan, St. Albans Housing Authority plans to purchase land to build single family homes or purchase already built homes and renovate them. The idea is to lease these homes to our better tenants. This project is dependant upon whether the City of St. Albans is successful with their annexation project. There is very little land in the City for new housing.</p>		\$300,000.00
		Planned Start Date (HA Fiscal Year)
		2004
Total estimated cost over next 5 years		\$300,000.00

CFP 5-Year Action Plan	
Original statement	Revised statement
Development Number WV021	Development Name (or indicate PHA wide) WV021-all

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<p>We would like to build a community building for the residents residing at our Cody/Carson Street locations. Currently they have only a small playground and one covered picnic shelter. When we have our Summer Food Program and other programs this is the only facility they have. When it rains there activities are hindered.</p>	<p>\$80,000.00</p>	<p>2003</p>
<p>Total estimated cost over next 5 years</p>	<p>\$80,000.00</p>	

PHA Public Housing Drug Elimination Program Plan

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

Amount of PHDEP Grant \$ _____

Eligibility type (Indicate with an Ax@) N1 _____ N2 _____ R _____

FFY in which funding is requested _____

Executive Summary of Annual PHDEP Plan

Below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the PHDEP Plan. The summary must not be more than five (5) sentences long.

Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each Target Area, and the number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with the PHDEP Plan.

Target Areas (development(s) or site)	Number of Units within the PHDEP Target Area(s)	Number of Individuals in Population to be Served in the PHDEP Target Area(s)

Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an Ax@ to indicate the length of the program, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

PHDEP Program History

For each FY that funding has been received under the PHDEP Program (place an Ax@ by each applicable Year) and provide amount of funding received. If funding has not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the current status of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place A

FY 1999						
---------	--	--	--	--	--	--

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 describe the program objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 1,000 words.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
TOTAL PHDEP FUNDING	

PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered by budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHDEP information in shaded boxes. Information provided must be concise. Do not exceed two sentences in any column. Tables for line items in which tables or activities may be deleted.

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

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

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9130 B Employment of Investigators						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 B Voluntary Tenant Patrol							Total PHDEP Funding: \$
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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Expires: 03/31/2002

Required Attachment _D_ : Resident Member on the PHA Governing Board

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

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

Gertrude Allen

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

Elected

Appointed

B. The term of appointment is (include the date term expires):
February 18, 2005

2. 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):

C. Date of next term expiration of a governing board member:
February 18, 2002

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

Mayor Richard Milam

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

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

Rejeanna Washington
Teresa Wileman
Virginia Hawkins

Attachment ___F___ : Comments of the Resident Advisory Board or Boards

Each complex held separate meetings. The following are a few of the comments received.

- Would like to see Venetian blinds at the windows.
- Put fire escape exits on second floor of each unit.
- Need water fountain at playground.
- Benches on outside grounds.
- Upgrade basketball court and add teeter totter, horseshoe area, just add more activities.
- Make flower garden in center circle.
- Open gate during daytime hours.
- Put indoor outdoor carpet on lower floors.

The Authority reviewed the above comments and felt they did not warrant a change in the Annual Plan.

- The Authority, this summer, 2001, replaced the old existing playground with brand new equipment and feels no need to extend this area at this time.

- The Authority, summer, 2001, just finished a landscaping project at all complexes to promote better curb appeal.
- The gate is locked at all time in an attempt to curb drug activity on the property. Crime Has drastically reduced because of our “one way in, one way out” approach.
- The basketball court will be renovated in the Spring.