

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**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: Logan County Housing Authority

PHA Number: AR033

PHA Fiscal Year Beginning: (mm/yyyy) 01012003

PHA Plan Contact Information:

Name: Troyce Robinson

Phone: 479-675-3744

TDD:

Email (if available): troyce@cei.net

Public Access to Information

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

- x 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)

- x 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

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **separate** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

None

2. Capital Improvement Needs Does not Apply

[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? \$ _____

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

(1) Capital Fund Program 5-Year Action Plan

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. Demolition and Disposition Does Not apply.

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

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: (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

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 [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 “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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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)]

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 at Attachment (File name)

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 at the end of the RAB Comments in Attachment ____.

Other: (list below) There are no comments.

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: STATE OF AR

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)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: None

B. Significant Amendment or Modification to the Annual Plan: None

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.

X	<p>Results of latest Section 8 Management Assessment System (SEMAP)</p> <p>Any required policies governing any Section 8 special housing types</p> <p style="padding-left: 40px;">check here if included in Section 8 Administrative Plan</p> <p>Public housing grievance procedures</p> <p style="padding-left: 80px;">check here if included in the public housing</p> <p style="padding-left: 40px;">A & O Policy</p>	<p>Community Service & Self-Sufficiency</p> <p>Annual Plan: Management and Operations</p> <p>Annual Plan: Operations and Maintenance</p> <p>Annual Plan: Grievance Procedures</p>
X	<p>Section 8 informal review and hearing procedures</p> <p style="padding-left: 40px;">X check here if included in Section 8 Administrative Plan</p> <p>The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year</p> <p>Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants</p> <p>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</p> <p>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).</p> <p>Approved or submitted applications for demolition and/or disposition of public housing</p> <p>Approved or submitted applications for designation of public housing (Designated Housing Plans)</p> <p>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</p> <p>Approved or submitted public housing homeownership programs/plans</p> <p>Policies governing any Section 8 Homeownership program</p> <p style="padding-left: 40px;">(section _____ of the Section 8 Administrative Plan)</p> <p>Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies</p> <p>FSS Action Plan/s for public housing and/or Section 8</p> <p>Section 3 documentation required by 24 CFR Part 135, Subpart E</p>	<p>Annual Plan: Grievance Procedures</p> <p>Annual Plan: Capital Needs</p> <p>Annual Plan: Capital Needs</p> <p>Annual Plan: Capital Needs</p> <p>Annual Plan: Capital Needs</p> <p>Annual Plan: Demolition and Disposition</p> <p>Annual Plan: Designation of Public Housing</p> <p>Annual Plan: Conversion of Public Housing</p> <p>Annual Plan: Homeownership</p> <p>Annual Plan: Homeownership</p> <p>Annual Plan: Community Service & Self-Sufficiency</p> <p>Annual Plan: Community Service & Self-Sufficiency</p> <p>Annual Plan: Community Service &</p>

Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports

Self-Sufficiency
Annual Plan:
Community Service &
Self-Sufficiency
Annual Plan: Safety and
Crime Prevention
Annual Plan: Safety and
Crime Prevention

The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report
PHDEP-related documentation:

.□□□□□□ 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 24 CFR 761.15);

.□□□□□□ 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.

Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)

Pet Policy

X

check here if included in the public housing A & O Policy
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
Other supporting documents (optional)

Troubled PHAs
(specify as needed)

(list individually; use as many lines as necessary)

Required Attachment __B__: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: Holsey Ellingburg

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

Elected xAppointed

C. The term of appointment is (include the date term expires): 4 Yrs.03012004

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:03-01-2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):Edgar L. Holt, Logan County Judge

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.)

Jenny Sturgeon
Doris Davis
Ann Cantrell
Bill Grist
Nikia Parker